

INTERNATIONAL IVY SUMMER PROGRAM MEDICINE RELEASE FORM

THIS FORM MUST BE COMPLETED AND RETURNED TO US IF YOU KNOW YOUR CHILD WILL NEED PRESCRIPTION OR OVER THE COUNTER MEDICATION DISPENSED AT THE PROGRAM. If not, please save it for use during the summer if needed.

ALL medications (whether **PRESCRIPTION OR OVER THE COUNTER**) shall be brought to the Program Office by the parent/guardian and shall be picked up when the medication is no longer needed or at the end of the Program. All prescription medications must be in the original containers with the student's name and dosage instructions on the container.

"Medication" shall include **ALL** medicines prescribed by a physician for the particular student, including emergency medication in the event of bee stings, etc., and **ALL** over the counter medications. Before any medication may be administered to any student during the Program, we **REQUIRE** the **WRITTEN REQUEST** of the **PARENT/GUARDIAN** who shall give permission for such administration.

- A. The purpose of the medication
- B. The dosage, in original containers, specifically labeled
- C. The time at which or the special circumstances under which medication shall be administered
- D. The length of time for which medication is to be taken
- E. The possible side effects of the medication

NAME: _____ DOB _____ WEIGHT _____ AGE _____

DIAGNOSIS: _____

MEDICATION/DOSAGE/TIME: _____

POSSIBLE SIDE EFFECTS OF THE MEDICATION _____

The Healthcare Manager at the International Ivy Summer Program has permission to administer the above medication as prescribed.

PARENT'S SIGNATURE _____

DATE _____ PHONE NUMBER _____