



Date: \_\_\_\_\_

### Medication Form

Note: By regulation all medication MUST be dispensed in the ORIGINAL container, properly marked with the child's name and dosage instructions by the pharmacy.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Contact Phone # for Questions: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Any special instructions (i.e. refrigeration)? \_\_\_\_\_

**Parent's please fill out the table below for any medication needed for the week:**

Day (M-F)	Date	Administer @ (time)	Medicine	Dosage	Refrigeration Required?	Staff Initials	Time Given
Mon	June 1st	1:30 pm	ABC	1/2 tsp	yes		

As the parent or legal guardian, by my signature below, I hereby give my permission to K2 Academy of Kids Sports to dispense the medications indicated above. I understand that it is my responsibility to inform K2 Academy, in writing, every week of any medication that my child will need to take while at K2. I understand that all medication not picked up from K2, by Friday evening will be discarded. I understand that K2 Academy of Kids Sports is not permitted to dispense medicine in any container other than the original, complete with the original instructions.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_