



Please note any specific instructions in administering medication(s):

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Please note any instructions regarding possible side effects, duration of time for medications to be administered:

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**Self Administration Authorization:**

Can this individual self administer medication?  Yes  No

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Administration Regulations:** *Please read carefully!*

In order to participate in Recreation Center or travel programs, this form **must** be filled out accurately! If changes are made in the individual's medication administration once this form is completed, you are responsible for providing accurate updates or the individual may not be allowed to stay.

- This form must include all **medications and treatments** prescribed to this individual that includes lotions, inhalers, liquids, allergy medications, cold medications, temporarily prescribed medications. Sample medications **will not** be administered without the proper prescription label.
- Each medication listed must include accurate dosages, times and instructions.
- Each prescribed medication or treatment must be signed by a physician. **No exceptions will be made!**
- Any medication that has been added after this form is completed or changes in dose, time or frequency of medication **must** be accompanied by a written physician's order or a new form.
- Any medication listed on this form that is not brought to the Recreation Center or travel program **must** have an order to discontinue by physician.
- Labels on medication containers **must** match this form.
- No foreign prescriptions without proper labeling.

It is the responsibility of the guardian or caretaker to ensure that there are no contra-indications or interactions of the medications listed on the Medication Form.

This form is good for one year from the date signed by the physician if accurate!