

RESTON COMMUNITY CENTER

Medication Authorization Form

Notice: This form must be completed for prescription and non-prescription medications. Medication, including over the counter medication, will be given to a child only with a parent's or guardian's completed written consent.

PLEASE PRINT

Child's Name	First											Last										
Home Address																						
City											State			Zip								
Phone	Home											Cell										

RCC Staff members have my permission to administer the following drugs and medications (must be in their original containers):

Medication and/or Prescription Number: _____

Dosage: _____

Has the child taken this medication before? If not, the first full dose must be administered at home to ensure that the camper does not have a negative reaction. **First dose given: Date:** _____ **Time:** _____

Times to be given: (State the exact time increments on the container.) _____

This authorization is effective from: _____ **To:** _____

(Must not exceed 10 days unless otherwise prescribed by child's physician)

Special Instructions: _____

Signature: _____ **Date:** _____

RCC USE ONLY			
DATE	TIME	MEDICINE/DOSE	STAFF



Reston Community Center Hunters Woods
 2310 Colts Neck Road • Reston, VA 20191

Reston Community Center Lake Anne
 1609-A Washington Plaza • Reston, VA 20190

703-476-4500 • 711(TTY) • 703-476-2488 (FAX)

