MJCCA MARCUS JCC of ATLANTA

CLUB J YOUR WAY

2020-2021 Authorization to Dispense Medication

Please fill this form out for each medication that you want dispensed for your child. A new form will need to be completed every two weeks.

Child's Last Name _____ Child's First Name _____

Parent/Guardian Last Name _____ Parent/Guardian First Name_____

All medication brought to Club J must be in its original bottle/container.

Name of medication _____ Dosage _____

Prescription # _____ Amount of medication to be dispensed _____

Time medication is to be given _____ Dates to be given _____

Parent/Guardian Signature _____ Date _____

FOR CLUB J YOUR WAY USE ONLY

	DATE	TIME ADMINISTERED	AMOUNT	REACTIONS	ADMINISTERED BY
1				□ Yes □ No	
2				□ Yes □ No	
3				□ Yes □ No	
4				□ Yes □ No	
5				□ Yes □ No	
6				□ Yes □ No	
7				□ Yes □ No	
8				□ Yes □ No	
9				□ Yes □ No	
10				□ Yes □ No	

If noticeable adverse reaction to medication, what action was taken? Describe:

_____

MJCCA Club J Your Way
FULL DAY • SCHOOL DAY • AFTER SCHOOL