MJCCA MARCUS JCC of ATLANTA CLUB J

2023-2024 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 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:

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MJCCA Club J Pre-K to 5th Grade
AFTER-SCHOOL PROGRAM