



MEDICAL AUTHORIZATION FORM – Non-Prescription Medication

Participant's Name: _____ Date of Birth: _____ Gender: M F

For Arizona Rivers staff to administer non-prescription medications:

- The medication must be in its original container, with a participant's name on the container.
- Parent is required to bring these medications from home.
- Medications can only be given to the person listed on the label.
- Participant must take the medication with the permission of an Arizona Rivers staff person and this usage is to be recorded below.

Medication: _____

Description of container: _____

Reason for giving: _____

Possible side effects: _____

Special handling instructions: _____ Refrigeration: Y / N

Start date: ____ / ____ / ____

End date: ____ / ____ / ____

Dosage: _____ Times to be given: _____ AM _____ PM

Last dosage was given at _____ AM / PM on date ____ / ____ / ____ by: _____

Route: by mouth, skin (location), eye (R/L)

I give permission for my child to carry and use this medication at their discretion.

Parent or Guardian printed name Signature Date: _____

Medication Log

Time										
Initials										

Time										
Initials										