



TCJPR Youth Education Programs

Medication Authorization

Teton County / Jackson Parks and Recreation encourages parents to administer medications at home whenever possible. In the event your child will need staff to administer medication to him/her during the week, the following form must be completed in full.

All medications must be properly labeled in the original container and include the child's name, name of medication, exact dosage, and exact frequency each dose is to be taken. The parent / guardian is responsible for submitting a new form each time there is a change in prescription. All medication is kept in a locked box only accessible to authorized staff.

Child's Name _____ DOB _____

Name of Medication _____

Diagnosis _____

Please give the above medication on:

Date(s) _____ Day(s) _____

Amount _____ Time _____

Physician's Name _____ Phone _____

I hereby authorize TC/JPRD staff to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless TC/JPRD staff from lawsuits, claims, expenses, demand, or action against them for assisting my child with medication use, provided the staff comply with the authorized orders established above. I have read the procedures outlined above and I assume responsibilities as required.

Parent Printed Name _____ Phone _____

Parent Signature _____ Date _____