



## 2021 SPECIAL NEEDS MEDICATION AUTHORIZATION FORM

### Contact Information (Please print clearly.)

Participant Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

### Medication Policy

- If participant requires prescribed daily medication while attending a Clubhouse program, please complete this form.
- Please clearly note if your participant needs any assistance with their medication and if so, make arrangements to speak with the Activity Coordinator and Lead Team Counselor so appropriate arrangements can be made. Staff and volunteers are not permitted to provide or administer any kind of medication. Medication can be stored on site.

I, the undersigned, am a parent/guardian of the specified participant. I have read and fully understand the provisions of the above releases and explained them to the said participant.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Medical Information

*Use additional sheet if needed.*

Medication Name: \_\_\_\_\_ Amount Taken: \_\_\_\_\_

Time or Frequency: \_\_\_\_\_

Administration:  Takes Independently  Needs Counselor Reminder  Needs Counselor Supervision

Storage:  Stores Independently  Stored by Counselor

Special Instructions: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Amount Taken: \_\_\_\_\_

Time or Frequency: \_\_\_\_\_

Administration:  Takes Independently  Needs Counselor Reminder  Needs Counselor Supervision

Storage:  Stores Independently  Stored by Counselor

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Medication Name: \_\_\_\_\_ Amount Taken: \_\_\_\_\_

Time or Frequency: \_\_\_\_\_

Administration:  Takes Independently  Needs Counselor Reminder  Needs Counselor Supervision

Storage:  Stores Independently  Stored by Counselor

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Medication Name: \_\_\_\_\_ Amount Taken: \_\_\_\_\_

Time or Frequency: \_\_\_\_\_

Administration:  Takes Independently  Needs Counselor Reminder  Needs Counselor Supervision

Storage:  Stores Independently  Stored by Counselor

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Team Assignment: \_\_\_\_\_ Year/Session: \_\_\_\_\_

Note Date, Time and Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Completed Form**

*Form must be received prior to the start of the Clubhouse program.*

Mail to:

City of Altamonte Springs  
Attn: Debbie Hines  
225 Newburyport Avenue  
Altamonte Springs, FL, 32701

Contact Information:

Email: AltamonteRecreation@altamonte.org  
Phone: (407) 571-8740  
Fax: (407) 571-8451