



BURLINGTON CITY ARTS

BCA Studios, 405 Pine Street, 802-865-7554
BCA Center, 135 Church Street, 802-865-7166
Burlington, VT 05401
Tax ID#: 036000410

MEDICATION ADMINISTRATION FORM

If medications are needed during the course of a program, the parent/guardian is responsible for following all procedures and providing all necessary paperwork a minimum of one week prior to the program's start date. To submit, please upload the document to your household's Civic Rec account. Medication will not be distributed to the child until this form is submitted.

All medication must be in its original container. Please remember to collect your medication at the end of the program; all medications left at BCA will be disposed of. Please complete one form per medication.

Child's Name _____ Child's Date of Birth _____

Name of Medication _____ Dose to be Administered _____

Route of Medication _____ Does the medication require refrigeration? _____

Medication storage information _____

Medication Start Date ___/___/___ Medication End Date ___/___/___ Time of Administration _____

Additional administration instructions _____

Are there any known side effects of the medication? How should side effects be managed?

Is there an emergency medical plan on file that accompanies this form? _____

Prescriber's Name, Practice _____ Prescriber's Phone _____

I hereby grant permission for BCA staff to administer medication to my child during the program as prescribed above.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____