



## **PARENTAL REQUEST FOR DISPENSING CONTROLLED SUBSTANCES**

If it is necessary for your child to receive a **controlled substance medication** during summer camp and/or Extended Day, please do the following:

- **A parent/guardian must** bring the medication to the nurse's office.
- The medication needs to be in the original container properly labeled with correct name, time, dose and date.
- The tablets/patches must be counted with the nurse. If the medication is liquid, approximate the amount of liquid in the bottle.
- **Fill out the form below.**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Reason for medication \_\_\_\_\_

Allergies to any medications \_\_\_\_\_

Number of tablets/patches sent \_\_\_\_\_ Amount of liquid sent \_\_\_\_\_

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

Physician's Signature \_\_\_\_\_

Nurse's Signature \_\_\_\_\_

Number of tablets/patches/amount of liquid received \_\_\_\_\_