



Parent Recommendation for Medication:

I, \_\_\_\_\_, do hereby give my son/daughter, \_\_\_\_\_, permission to take, under the direction of Afterschool Village staff, his/her medication as prescribed by his/her physician during activity hours. I hereby certify that my child has not had any allergic or unusual reaction to any of the below medications. I agree to notify Afterschool Village immediately should my child in the future (and while still a member at Afterschool Village) have any allergic or unusual reactions to any of the below medications, or any other medication. I understand and agree that Afterschool Village does not assume any responsibility to administer medication (prescription or other) to my child. I understand that should my child require assistance in the administering of medication, I may come on campus to administer such medication. I agree that any medication which my child brings to school shall be in its original container, and as to prescription medication, shall have the prescription label attached and be prescribed for my child. Should Afterschool Village undertake to administer any medication pursuant to this authorization, I, on the behalf of myself and my child, hereby release, waive any claim against, discharge, agree to indemnify and hold harmless, and covenant not to sue Afterschool Village, its employees, trustees, officers, agents, representatives, independent contractors and volunteers from, any injury loss, damage, claim or other liability that may arise from administering such medication.

Ibuprofen - (Advil) for headache	Ibuprofen	Yes
- (Advil) for pain		Yes
Ibuprofen - (Advil) for fever		Yes
Acetaminophen - (Tylenol) for headache		Yes
Acetaminophen - (Tylenol) for pain		Yes
Acetaminophen - (Tylenol) for fever		Yes
Diphenhydramine HCL - (Benadryl)		Yes
Loratadine - (Claritin)		Yes
Antacid - (Tums, Rolaids)		Yes
Loperamide HCL - (Imodium) - for diarrhea		Yes
Bismuth Subsalicylate - (Pepto-Bismol) - for indigestion		Yes
Aspirin - for pain		Yes

*NOTE: I understand that I must list any **prescription** medication separately on the additional "Prescription & OTC Medication Form (for Physician)" available through this system, and that that form must be signed by a physician.*

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

Parent Signature

Type Full Name of Parent

