

Authorization to Dispense Medication

2024-25 D5 JUNIOR LEADERSHIP LAB



Participant:			Food Allergy (if applicable):				Medication (Listed Below)				
All medication	to be administe	ered must co	mply with the followi	ng guidelines:							
Sharing 2. All medi 3. Please ii 4. All med 5. If there	of prescription cation must be nclude instruction, includings been a chain	medication is accompanied ons for over to generate the congenian in the dos	not allowed. Inhalers by this dated medication he counter medication ounter, will be given sage, please send a no	original container. All press must be accompanied by the accompanied by the action authorization form signs. ONLY as directed on the late of the participant's directed on the late given as directed on the late.	the prescriptigned by the particle. Solution octor reflections	on label. arent / legal	guardian.	oarticip	ant's na	ame.	
Medication		Dosage	Time to be given	Special instructions	Staff use only, please do not write here.						
			_								
		1.6			61						
Staff or designate	ed Volunteers fo		•	nderstand this information is onsent to the use of this infor			d only by A	griLife E	.xtensioi	n	
Parent/Guard	lian Name										
Parent/Guard	lian Signature		Date								