



CLUB INCLUSION

Medication – please complete one form for each medication

Name of person taking medication: _____

Name of person completing this form: _____

Emergency contact numbers: _____

Name of medication: _____

What is the medication for? _____

What is the correct dosage? _____

What time should it be administered? _____

Please give any additional details:

The medication will be kept _____
(please identify a safe place with the Session Leader):

Legal Disclaimer

I understand that while The Club Inclusion staff will do everything in their power to ensure that medication is given correctly, The Club Inclusion and it's staff cannot be held responsible for any mistakes that occur, and this procedure is undertaken entirely at our own risk.

Signed (legal parent or guardian) _____

Date _____

I certify that

The medication is in its original packaging – clearly labeled with the correct name and dosage

I have completed the form with clear instructions

The medication is stored in a safe place

I have signed the disclaimer

I have gone through the instructions in person with (name of staff):

Signed (legal member, parent, or guardian)

Signed (Club Inclusion Senior Staff or Program Director)