



Medication Administration (Prescription and Non Prescription)

Prescription medications must be in their original containers labeled with the athlete's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. Administer the medication according to the instructions. Non-prescription medications can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the athlete's physician. Administer nonprescription medication from the original container labeled with the first and last name of the child or youth and according to the instructions on the label. A record of administration must be kept.

Medication #1 <hr/> First and Last Name of Participant <hr/> Name Of Medication <hr/> Reason for Medication <hr/> Does Time to be Given <hr/> Name of License Physician/Nurse Practitioner Proscribing medication <hr/> Phone Number of Health Care Provider <hr/> I allow the above medication to be given to the participant by the City of Olathe Staff member. <hr/> Signature _____ Date _____	Medication #2 <hr/> First and Last Name of Participant <hr/> Name Of Medication <hr/> Reason for Medication <hr/> Does Time to be Given <hr/> Name of License Physician/Nurse Practitioner Proscribing medication <hr/> Phone Number of Health Care Provider <hr/> I allow the above medication to be given to the participant by the City of Olathe Staff member. <hr/> Signature _____ Date _____
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THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE. Provider or staff member to note any comments or remarks about the participant's appearance on this form.

Date	Time	Name of Medication	Initials

Notes: