

**Boys & Girls Club of Zionsville  
Medication Form**

Name: \_\_\_\_\_ Time to be taken: \_\_\_\_\_ am or pm

Current Medications: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give permission to the Boys & Girls Club of Zionsville to administer the appropriate medications to my son/daughter. I waive and release any and all rights and claims for damages I may have against the Boys & Girls club of Zionsville, it's Board of Directors, staff and volunteers who are associated with the program of any side effects or relations which may occur as a result of administering the specified medications.

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

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