TCJPR Youth Education Programs

Medication Authorization

Teton County / Jackson Parks and Recreation encourages parents to administer medications at home whenever possible. In the event your child will need staff to administer medication to him/her during the week, the following form must be completed in full.

All medications must be properly labeled in the original container and include the child’s name, name of medication, exact dosage, and exact frequency each dose is to be taken. The parent / guardian is responsible for submitting a new form each time there is a change in prescription. All medication is kept in a locked box only accessible to authorized staff.

Child’s Name_________________________ DOB____________________
Name of Medication____________________________________________
Diagnosis_____________________________________________________
Please give the above medication on:
Date(s)________________ Day(s)___________________
Amount______________ Time____________________
Physician’s Name__________________________ Phone _______________

I hereby authorize TC/JPRD staff to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless TC/JPRD staff from lawsuits, claims, expenses, demand, or action against them for assisting my child with medication use, provided the staff comply with the authorized orders established above. I have read the procedures outlined above and I assume responsibilities as required.

Parent Printed Name_________________________ Phone____________________
Parent Signature_____________________________________ Date_______________