

MEDICAL SELF-ADMINISTRATION FORM

Please note that any medications taken at our program:

- Will be self-administered. **We cannot administer any medication.**

All medications:

- Will be kept in a secure place by the staff.
- Must be in their original pharmacy container, with name, medication, dose, and administration labeled.
- Must be accompanied by a signed Physician authorization.
- Any medication that can be given at home should be.
- No refrigeration is available.

I agree that the following participant in the DCC Kids & Teens on Campus Program is trained to properly self-administer all medications listed below:

Participant's Name _____

Medication(s) and dosage: _____

Physician's Office No. _____

Physician's Name (Please Print) _____

Physician's Signature _____ Date: _____

NOTE: This form must be completed and brought in to Dutchess Community College's Kids & Teens on Campus the first day of class.