FORM II

REQUEST FOR THE DISPENSING OF MEDICATION BY YOUTH GROUP SPONSORS

Section I: Parent's Instructions

(Name of Child/Youth) _____ is under my custodial care and should receive (name of medicine, vitamin, or modified diet) _____ (dosage) _____, as follows _____

Specific instructions for dispensing: _____

Possible side effects to watch for: _____

Signature of Parent	Date of Signature	Telephone Number

Note: If the medication or vitamin is a prescription from a pharmacy, please send in original container(s) and enclose in a marked zip-lock bag.

Section II: Parent Guardian Request for Dispensing of Medicine, Vitamin, Food Supplement or Modified Diet

I hereby request and give permission to the sponsors to dispense the following medication, vitamin, or special diet to my child:

Name of Child	Name of Item	Dosage	Time(s) of Dosage

Signature of Parent/Guardian	Date of Signature

Section III: Medication to be dispensed by sponsors for child's self-administration

(Name of Child) _____was dispensed (Name of Medicine, vitamin, or special diet) _____ (Dosage) _____, at the following time(s) on the following date(s):

(Use reverse side to record additional dosages, if needed)

Date of Dosage	Amount and Time of Dosage	Signature of Personnel Dispensing Medication