



**MEDICATION POLICY, WAIVER, AND AUTHORIZATION**

Please make every effort to administer your child’s medication before or after the program. If your child must take medication during the program, Staff will oversee him/her self-administer the following medications consistent with this policy and your authorization, so long as you complete and sign this form.

Medications must be in a container bearing a pharmacy label that shows the child’s name, prescription number, date filled, prescribing physician’s name, name of medication, dosage, and directions for administering. You can request from your pharmacist a second (empty) bottle with the same information so that you have a means of transporting your child’s medication.

Unused medication will be returned to you. Medication left behind at the end of the program will be destroyed.

Waiver of Liability: You understand that the program Staff who will oversee your child self-administer medication have no medical background or training. You, on behalf of yourself and your child, agree to release, waive, and hold harmless the Smithsonian and its agents and employees, and you assume full responsibility for any risk of loss, damage, death or injury arising directly or indirectly from your child’s medications.

Authorization: You agree that you are familiar with the medical condition(s) of your child and you authorize him/her to self-administer the following medications consistent with the information you provide here:

Name of Medication	Reason for Medication	Dosage	When and how often dose is administered during the Program	Special instructions and precautions (e.g., storage)/Side Effects/Contraindications/Notes


List all limitations or precautionary measures associated with the medication. Use the back of this sheet if necessary: