



## **Boys & Girls Club of Greater Waterbury Summer Enrichment Program Application – Summer 2026**

**Registration begins on March 30, 2026  
Applications may be dropped off at the Boys & Girls Club  
1037 East Main Street, Waterbury ♦ 203-756-8104  
Monday – Friday, 9 am – 1 pm ONLY**

### **Summer Session Schedule:**

<b>Session 1</b>	<b>Monday, June 29, 2026 – Thursday, July 9, 2026</b>
<b>Session 2</b>	<b>Monday, July 13, 2026 – Thursday, July 23, 2026</b>
<b>Session 3</b>	<b>Monday, July 27, 2026 – Thursday, August 6, 2026</b>

### **Hours of Operation:**

**The Summer Enrichment Program starts at 7 am and ends at 5 pm  
Monday – Thursday**

All children must be at the Club daily by 9 am,

**EXCEPT on Wednesdays, children must be at the Club by 8:30 am.**

*Hours of Operation are subject to change in the event of any City, State or Federal guidance or actions.*

### **Fees**

- |   |          |
|---|----------|
| • Registration Fee (non-refundable)*    | \$100.00 |
| • Cost per 2-week session               | \$500.00 |
| • Deposit per session (non-refundable)* | \$250.00 |

**Fees include all activities and field trips, t-shirt, breakfast and lunch**

Financial Assistance may be available through either Care4Kids &/or Campership program. Ask Drew or Jen.

Enrollment in the Summer Enrichment Program is open to all youth who are at least six (6) years old as of 6/1/26 to youth who are fourteen (14) (may not be 15 years old as of 7/1/26). The Program is open to all youth without regard to race, gender, color, religion or national origin.

**A complete Application, signed Health Form and payment in full\*\* are required prior to any child starting the program.**

**Please Circle Below The Sessions For Which You Are Registering:**

Session	Cost	Dates	Balance Due In Full By:
Session 1	\$500.00	June 29 – July 7	June 25
Session 2	\$500.00	July 13 – July 23	July 9
Session 3	\$500.00	July 27 – August 6	July 23

Registration is limited. After groups are full, a waiting list will be created. Parents/guardians will be notified at least one (1) week prior if a spot opens up in the desired session.

Registration fees and deposits are **NON-REFUNDABLE\*\***

*Additional paid fees will be refunded ONLY if prior notice is provided to the Director, in writing, at least fourteen (14) calendar day in advance. If notice is given with less than fourteen (14) day notice, only 50% of additional paid fees will be refunded.  
No partial week or part time registrations allowed.*

**\*\*If applicable, Care4Kids and/or Greater Waterbury Campership Program recipients' registration and deposit will be fully refunded in late summer as long as child attended Summer Enrichment Program during designated session.**

*The Boys & Girls Club reserves the right to discipline any child, up to and including suspension or expulsion from the Club for the summer, pursuant to its Discipline Policy, for behavior problems. All incidents, regardless of discipline, will be documented and reviewed with the parent(s)/guardian(s). **NO REFUNDS IN CASES OF SUSPENSION OR EXPULSION.***

### **CHILD'S INFORMATION**

The information requested herein is for our records and for reporting purposes ONLY and will be kept confidential. Your cooperation is both required and appreciated. All sections must be fully completed.

Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_ (must be 6 years old as of June 1, 2026/may not be 15 years old as of July 1, 2026)

With whom does the child live? (circle one): mother father both other (list all)

Grade: \_\_\_\_\_ (fall 2026)

School: \_\_\_\_\_

Gender (circle one): Male Female Transgender/Other

What size t-shirt does your child wear (Circle one)? Child Small Child Medium  
 Child Large Adult Small Adult Medium Adult Large Adult XL

Is child a current or former member of the Boys & Girls Club of Greater Waterbury? (circle one): Yes No

Is child eligible to receive free or reduced cost lunch at school? (circle one): Yes No

Benefits Received (circle those applicable): TANF SSDI SSI  
 Section 8/Housing Assistance Food Stamps Other Assistance

How many adults (18 years or older) live in the household? \_\_\_\_\_

How many children (under 18 years old) live in household? \_\_\_\_\_

Parent/Guardian Marital Status: (circle one) Married Single Divorced Widowed

Circle the total # of people in family & circle total annual income under the family column:

	<b>1- perso n famil y</b>	<b>2- perso n famil y</b>	<b>3- perso n famil y</b>	<b>4- perso n famil y</b>	<b>5- perso n famil y</b>	<b>6- perso n famil y</b>	<b>7- perso n famil y</b>	<b>8- perso n famil y</b>
<b>100% State Median</b>	\$66,270	\$86,661	\$107,052	\$127,443	\$147,833	\$168,224	\$172,084	\$175,871
<b>75% State Median</b>	\$49,702	\$64,995	\$80,288	\$95,582	\$110,875	\$126,168	\$129,035	\$131,903
<b>60% State Median</b>	\$39,761	\$51,996	\$64,230	\$76,465	\$88,699	\$100,933	\$103,227	\$105,521
<b>50% State Median (Low Income)</b>	\$19,881 - \$33,134	\$25,998 - \$43,330	\$32,115 - \$53,525	\$38,232 - \$63,721	\$44,350 - \$73,916	\$50,467 - \$84,111	\$51,614 - \$86,023	\$52,760 - \$87,934

<b>30% State Median (Extremely Low Income)</b>	\$0 - \$19,880	\$0 - \$25,997	\$0 - \$32,114	\$0 - \$38,232	\$0 - \$44,349	\$0 - \$50,466	\$0 - \$51,613	\$0 - \$52,760
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**Ethnicity/Race:** (circle one)

White      Black/African American      Hispanic/Latino Asian  
 American Indian/Alaskan Native      Middle Eastern/North African  
 Native Hawaiian/Other Pacific Islander      Other      Two or more races  
 Don't Know

**RESPONSIBLE PARTY (for payment):**

*(DCF must provide name of DCF contact and executed wrap agreement)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_  
 Home Phone: ( ) - \_\_\_\_\_  
 Email: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

*(DCF: must list both foster parent(s) & DCF case worker)*

You must provide a current phone number  
 at which you can be reached during the day

(list primary contact first)

1. Relationship to child: \_\_\_\_\_ Lives with child: (circle one) Yes No  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_ **(\*required & must be able to receive texts)**  
 Work Phone: ( ) - \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Relationship to child: \_\_\_\_\_ Lives with child: (circle one) Yes No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: ( )-\_\_\_\_\_ (**\*required & must be able to receive texts**)

Work Phone: ( )-\_\_\_\_\_ Home Phone: ( )-\_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

3. Relationship to child: \_\_\_\_\_ Lives with child: (circle one) Yes No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: ( )-\_\_\_\_\_ (**\*required & must be able to receive texts**)

Work Phone: ( )-\_\_\_\_\_ Home Phone: ( )-\_\_\_\_\_

Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

### **EMERGENCY CONTACT**

**(In addition to Parent/Guardian who will always be contacted first)**

#### **MUST LIST AT LEAST 2**

1. Relationship to child: \_\_\_\_\_ Lives with child: (circle one) Yes No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: ( )-\_\_\_\_\_ (\*required) Work Phone: ( )-\_\_\_\_\_

Home Phone: ( )-\_\_\_\_\_

2. Relationship to child: \_\_\_\_\_ Lives with child: (circle one) Yes No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: ( )-\_\_\_\_\_ (\*required) Work Phone: ( )-\_\_\_\_\_

Home Phone: ( )-\_\_\_\_\_

**ADULTS AUTHORIZED TO PICK UP CHILD**

Please list the names of the adults (**including parents or guardians**) authorized who may pick up the child from the Boys & Girls Club. Children will **not** be allowed to leave the program with anyone not listed below. Valid photo ID must be provided.

1. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If there are additional people authorized to pick up child, please list name, relationship, phone number and email on the back of this page.

**MEDICAL**

The Boys & Girls Club of Greater Waterbury's Summer Enrichment Program is a state-licensed day camp and, as such, all children must have a current and complete health form signed by a physician prior to starting camp. Physical forms are valid for three (3) years from the date of the examination. Copies of school physicals are NOT acceptable. **All medical forms are required prior to a child's first day at the Program.**

All children are expected to follow Club policies surrounding behavior, hygiene, health practices, social distancing, and any other mandates or recommendations implemented by the Club.

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Does your child have any medical problems (circle one): yes    no

If yes, please explain:



Does your child have any allergies (circle one):                      yes      no

If yes, please explain:

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Please be advised that the Camp Director and Assistant Directors are certified to administer the following:

1. Topical, including sunscreen
2. Oral
3. Inhalants

If your child requires medication, an epi-pen, &/or inhaler, a completed **Authorization for the Administration of Medicine** form (last page of application – tear off, complete and return to the Club prior to your child starting camp) must be submitted with the medication. Children requiring these medicines may not attend without one of these properly completed forms.

- State of Connecticut guidelines require that all inhalers and Epi-Pens must be kept on site during the time the child is attending camp
- Any medication, inhalers &/or Epi-Pens must be provided to the Club at the start of Camp in the original container with adequate labeling
- All medications will be locked in the Director's Office while camp is not in session. During the day, both onsite and on field trips, medications shall be held by the child's counselor.

### **FIRST AID EMERGENCY**

In the event of a minor accident, a trained staff member will administer necessary first aid. We will clean and bandage small wounds, apply ice or warmth, provide a place to rest, and the like.

**In the event your child requires emergency medical attention, we will call 911 and take the following steps pursuant to your direction.**

### **AUTHORIZATION TO APPLY NON-PRESCRIPTION TOPICAL LOTION**

I hereby give permission to the staff of the Boys & Girls Club of Greater Waterbury to apply non-prescription topical lotions or sprays to my child when needed or requested. Non-prescription topical lotions or sprays may include sunscreen, suntan lotion, Vaseline, insect repellent and other similar products.

Each child must provide his/her own non-prescription topical lotion or spray clearly labeled with his/her name. All such lotions or sprays must be given directly to Club staff.

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## FIELD TRIPS

**On field trip days, all children must wear their Club issued camp shirt.  
All children must be at the Club by 8:30 am on Wednesdays &  
9:00 am on other field trip days.**

### WASHINGTON PARK POOL

On Wednesdays, all children and staff go to Washington Park Pool in Waterbury. To ensure the safety of your child, please circle the appropriate statement relative to your child's abilities:

- Non-swimmer (unable to swim on top of the water)
- Novice swimmer (able to swim on top of the water but unable to tread water for 1 minute)
- Proficient swimmer (able to swim and tread water for 1 minute or more)

The City of Waterbury and the Waterbury Department of Parks & Recreation employ Red Cross certified lifeguards to supervise the swimming area. Camp staff will also be in the swimming area (including water) supervising campers.

No Camp staff will remain at the Boys & Girls Club on these days – All campers must go to Washington Park. There will be Camp staff supervising non-swimming campers.

**You must send your child with a bathing suit & towel on pool days.**

I give my permission for my child to go to Washington Pool on the following Wednesdays:

- |           |            |
|-----------|------------|
| - July 1  | - July 22  |
| - July 8  | - July 29  |
| - July 15 | - August 5 |

I understand that if I choose not to send my child on a field trip, or if it is determined my child is not allowed to go on a field trip, I will find alternate childcare for that day. No staff will remain at the Boys & Girls Club on field trip days. I understand that I will not be entitled to a refund if my child does not attend a field trip.

**At Washington Park Pool, my child may (CIRCLE ONE):**

- Stay on dry land only
- Go in the shallow water only
- Go in the deep water (including out to the floating dock)

\_\_\_\_\_  
Parent/Guardian signature & Printed Name

\_\_\_\_\_  
Date

**CHILDREN MUST BE AT THE CLUB BY 8:30 AM ON WEDNESDAYS  
BATHING SUITS & TOWELS SHOULD BE BROUGHT ON BEACH DAYS.  
SNEAKERS SHOULD BE WORN.**

### ADDITIONAL FIELD TRIPS

In addition to the weekly trips to Washington Park Pool, the Summer Enrichment Program will take the following field trips on the specified date:

- Session 1: TBD
- Session 2: CT Sun Basketball Game, Uncasville, CT – Tuesday, July 14, 2026  
Dinosaur State Park, Rocky Hill, CT – Tuesday, July 21, 2026  
(ages 6 – 10 only)
- Session 3: Sacred Heart University/Planetarium – Tuesday, July 28, 2026

**Additional field trips may be added during the course of the summer. Parents will be provided with information and permission forms in advance of any additional field trip.**

**PROGRAM ISSUED T-SHIRTS MUST BE WORN FOR ALL FIELD TRIPS**

### EARLY DROP-OFF/LATE PICK-UP POLICY

All children must be dropped off and picked up at the appropriate times, as follows:

- Children may not be dropped off prior to 7am and must be picked up by 5pm.
- **A \$20/hour fee will be charged for early drop-offs and late pick-ups.** This fee will apply immediately after closing. (ie., 1 – 30 minutes early/late = \$20; 31 – 60 minutes early/late = \$40, etc.)
- All early drop-off/late pick-up fees are due at drop-off on the following day. Children will not be allowed to stay at the Club unless all fees are paid in full.
- Time is determined by the clock at the front desk of the Boys & Girls Club.
- **If we have not made contact with a parent/guardian or emergency contact and 1 hour has passed from the pick-up time, the Boys & Girls Club will contact the Waterbury Police Department &/or the Department of Children & Families.**

Please make sure that all contact information is current.

I have read and understand the above Early Drop-off/Late Pick-Up Policy.

\_\_\_\_\_  
Parent/Guardian Signature & Printed Name

\_\_\_\_\_  
Date

### NOTIFICATIONS TO PARENTS/GUARDIANS

The Club will be using an electronic notification system that will communicate important information via text or through an application. Once we determine the notification system to be used, we will provide all necessary information to implement the system. All parents/guardians will be required to follow all directions to receive notifications and to

provide a cell phone number (or of a phone capable of receiving texts) to receive important messages from the Club including those pertaining to closures and emergencies.

**NAME:** \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_

**SAFETY**

Ensuring our members' safety is fundamental to our Mission. The Boys & Girls Club staff, Board of Directors and volunteers work every day to create a safe, fun environment so that all kids can have every opportunity to be successful in life. We have zero tolerance for inappropriate behavior from any person of any kind, including child sexual abuse or misconduct, and we put resources behind that stance. In creating a culture of safety at the Club, we have a series of policies, procedures, programs and trainings designed to promote child safety. The Club's safety policies and procedures are available upon request.

I have read and understand the above important information.

\_\_\_\_\_  
Parent/Guardian Signature & Printed Name

\_\_\_\_\_  
Date

**RELEASE**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Waterbury, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

**Photo Release**

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of the Boys & Girls Club of Greater Waterbury. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Club of Greater Waterbury with or without the child's name for commercial purposes

or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display.

### **Surveys & Questionnaires**

Boys & Girls Club frequently ask for members to complete surveys/evaluations. I give consent for my child to participate in any and all surveys/evaluations conducted by Boys & Girls Club staff.

### **Technology**

I understand that Boys & Girls Club of Greater Waterbury will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. I further understand that not only will Boys & Girls Club will discuss internet safety with my child but that I, as the parent/guardian, must discuss this with my child as well.

I have read the completed application and this form, understand the policies/expectations of the Boys & Girls Club and request that my child attend the Summer Enrichment Program. I have received a copy of the Child & Parent/Guardian Handbook and will read/review it with my child.

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Parent/Guardian Signature & Printed Name

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Date

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_ (staff initials)  
Date Information Entered into Daxko system: \_\_\_\_\_ By: \_\_\_\_\_ (staff initials)

Shirt size: Child Small Child Medium Child Large Adult Small Adult  
Medium Adult Large Adult XL

Handbook & Other Information provided: \_\_\_\_\_ (date)  
Name of person receiving Handbook & Other Information: \_\_\_\_\_  
**Completed & signed Health Form received:** \_\_\_\_\_ (date)

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**FOR ALL PAYMENTS, RECORDED BELOW: (for multiple payments, use blank space below)**

1. Date of payment: \_\_\_\_\_
  2. Amount paid: \$\_\_\_\_\_ (copy of receipt(s) must be kept in camper's file)
  3. Paid by (circle one): Cash Credit Card Check #: \_\_\_\_\_
  4. Reason for Payment (circle one): Registration  
Deposit (circle one): session 1 session 2 session 3
  5. Balance due: \$\_\_\_\_\_ for (circle one): session 1 session 2 session 3
  6. Financial Assistance (circle all applicable):\* Care4Kids paperwork submitted to Jen  
(circle one) yes no
- Campership Awarded (circle one) yes no Week of: \_\_\_\_\_

\*copies of all financial assistance paperwork must be kept in camper's file

7. DCF  
Wrap-Around Agreement received \_\_\_\_\_ on \_\_\_\_\_ (date)  
Contact at DCF for payment: \_\_\_\_\_ (name)  
\_\_\_\_\_ (email)  
\_\_\_\_\_ (phone #)

(Tear off this page, complete & return to the Boys & Girls Club)

**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps, administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations.

Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_  
Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? ( ) YES ( ) NO  
Condition for which drug is being administered \_\_\_\_\_  
Specific Instructions for Medication Administration \_\_\_\_\_  
Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_  
Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_  
Medication shall be administered Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Relevant Side Effects of Medication \_\_\_\_\_ ( ) None Expected  
Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_  
Plan of Management for Side Effects \_\_\_\_\_  
Prescriber's Name/Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
Prescriber's Address Town \_\_\_\_\_  
Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_  
School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

\_\_\_\_ I request that medication be administered to my child/student as described and directed above  
\_\_\_\_ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only).  
\_\_\_\_ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)  
Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration \_\_\_ YES \_\_\_ NO \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_

Parent/Guardian authorization for self-administration \_\_\_ YES \_\_\_ NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration \_\_\_ YES \_\_\_ NO \_\_\_\_\_  
Signature Date Today's  
 Date \_\_\_\_\_

Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a,  
 Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

**MEDICATION ADMINISTRATION RECORD (MAR)**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Prescription Number \_\_\_\_\_  
 Medication Order \_\_\_\_\_

DATE	TIME	DOSAGE	REMARKS	WAS THIS MEDICATION SELF- ADMINISTERED (CIRCLE ONE)	SIGNATURE OF PERSON OBSERVING OR ADMINISTERING
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

\*Medication authorization form must be used as either a two-sided document or attached first and second page.

\_\_\_ Authorization form is complete      \_\_\_ Medication is appropriately labeled  
 \_\_\_ Medication is in original container      \_\_\_ Date on label is current

Person Accepting Medication (print name) \_\_\_\_\_ Date \_\_\_\_\_