

Northampton Community College
Horizons for Youth

Authorization for Medication During Class/Camp Northampton Childcare

Date: _____

My child, _____, Age _____, must receive the following prescribed medication during Class/Camp Northampton Childcare hours in order to maintain sufficient health to participate in the Horizons for Youth program:

1. **Name of medication:** _____

2. **Medication is to be:**
_____ Self-administered
Comments: _____

_____ Given as Directed
Comments: _____

3. **Prescription Information:**

Prescribed Dosage: _____

Time Schedule: _____

Physician Name and Phone Number _____

Pharmacy Name and Phone Number _____

List Side Effects of Medication: _____

Diagnosis and necessity of medication during school hours: _____

4. **Emergency Contact Information:**

Name _____ Relationship _____

Address _____

Daytime/Cell Phone _____

I do hereby release, discharge, indemnify and hold harmless, Northampton Community College, its agents and employees, from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.

Signature of Parent or Guardian

Signature of Physician

No medication will be administered until this form is completed and on file in the nurse's office; your child should only bring sufficient medication on a daily basis.

Questions? Call (610) 861-4120.

Return to: Horizons For Youth
NCC - 3835 Green Pond Rd.
Bethlehem, PA 18020

Fax (610) 861-4575