BARNSTORMERS THEATRE
CHILD SELF-MEDICATION AGREEMENT

Date of Birth	Child's Name (Please Print)	Medication Name	Dose	Time(s)

Children who are developmentally and/or behaviorally able, will be allowed to self administer prescription and nonprescription medication, subject to the following:

1. Permission form must be submitted for all self-medication of all prescription and nonprescription medication.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
    - Prescription labels must specify the name of the child, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
    - Non prescription medication must have the child's name affixed to the original container.
3. The child may have in his/her possession only the amount of medication needed for that rehearsal and/or program day.
4. Sharing and/or borrowing of medication with another child is strictly prohibited.
5. Permission to self-medicate may be revoked if the child violates administration of medication and/or these regulations. Additionally, children may be subject to discipline, up to and including removal from a production or program.

I have read and agree to the above criteria and give permission for my child to carry the above noted medication.

_____ _____
Parent/Guardian Signature *Date*

I agree to comply with the above criteria.

_____ _____
Child Signature *Date*

Medication Authorized By: _____
Physician Name (print)

I have prescribed the above medication for the child whose name appears at the top of this form.

_____ _____
Physician Signature *Date*

Approved By:

_____ _____
Barnstormers Staff Signature *Date*