

Medication Administration Authorization Form

Parent or Guardian Permission Form

The Parent/Guardian of _____ ask that Miramont Lifestyle Fitness give the following medication: _____ at (time): _____ to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

****Miramont Lifestyle Fitness agrees to administer medication prescribed by a license health care provider.**

****It is the parent's responsibility to furnish the medication and equipment and to keep daily emergency contact information up to date.**

By signing this document, I give permission for my child's health care provider/clinic to share necessary information regarding the care of my child's health condition with Program staff.

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date

Home Phone

Work Phone

Health Care Provider Authorization

Child's Name: _____ Birthdate: _____

Name Medication: _____

Dosage: _____

To be given in child care at the following time(s): _____

Note to Health Care Provider: Specific time and/or interval must be indicated on this form in order for non-medical persons in child care to administer medication

Start Date: _____ End Date: _____

Comments: _____

Signature of Health Care Provider with Prescriptive Authority

Date

Phone Number

Medication must be in the original perscription container
Medication must be pppropriately labeled with camper name
Date labeled on the perscription containter must be current