

## **AUTHORIZATION FOR MEDICATION ADMINISTRATION** (please print information)

I hereby give permission and authorize BCCA Kids Club staff to administer the following						
medication in the dosage as stated below, to my child						
This dosage is consistent with the recommendation of the medical practitioner and/or the						
drug manufacturer. I accept the responsibility of supplying the current correct medication						
in its original container, and I agree to submit a new consent form if there is any change in						
in the medication to be administ <u>ered.</u>						
Doctor's Name	Phone:					
Pharmacy Name	Phone:					
Medication	Prescription #					
Dosage of Medication						
Times to be given by Parents						
Times to be given by the caregiver						
Method of administration						
Possible side effects						
Parent/Guardian signature	Date:					

DATE	TIME GIVEN	AMOUNT GIVEN	REMARKS	STAFF INITIAL
DATE	THVIE GIVEN	ANIOONI GIVEN	INLIVIANNO	
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