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 administered.

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