



**Authorization to Administer Medication – Adventure Club  
Medication Information and Authorization**

**A. Facility and Child Information**

Child's Name	Birthdate (mm/dd/yyyy)
--------------	------------------------

Adventure Club Site

**B. Medication Information:** Prescription medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration. Over-the-counter medications shall be in the original container. The label shall include dosage and directions for administration.

Medication Name – one form for each medication	Dosage	Time(s) of day to be administered (AM, PM)	How to be administered	Dates – Medication time period	
				From	To

Additional information / special instructions / contraindications – Specify:

**C. Authorization**

<b>Physician Signature:</b>	Date Signed:
-----------------------------	--------------

<b>Parent Signature:</b> I hereby authorize administration of the above medication to my child by staff of the Adventure Club site listed above.	Date Signed:
--	--------------



**Authorization to Administer Medication - Adventure Club  
Medication Information and Authorization**

**Child's Name:** \_\_\_\_\_ **Medication Name:** \_\_\_\_\_

**Instructions:** This section is to be completed only by **certified child care providers** to document the actual administration of the medication. Lines should not be skipped.

	Date Administered	Time Administered	Dosage	Signature of person who administered the medication
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				