



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

<b>A. Facility and Child Information</b>	
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:
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<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:
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