



**Medication Administration Form**

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medication Name/Generic Name of Drug:**

\_\_\_\_\_

**Specific Instructions for Medication Administration**

Dosage: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Medication shall be administered: \_\_\_\_\_

Relevant Side Effects of Medication, if any: \_\_\_\_\_

**Parent/Guardian Authorization**

I request that medication be administered to my child as described and directed above.  
Parent/Guardian

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian's Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Received by Parks & Recreation Staff**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Daily pickup/drop off: MONDAY:    TUESDAY:    WEDNESDAY:    THURSDAY:    FRIDAY:  
                                 am \_\_\_\_\_    am \_\_\_\_\_    am \_\_\_\_\_    am \_\_\_\_\_    am \_\_\_\_\_  
                                 pm \_\_\_\_\_    pm \_\_\_\_\_    pm \_\_\_\_\_    pm \_\_\_\_\_    pm \_\_\_\_\_