Authorization to Administer Medication

Program/Activity Name _____

I. ***Personal/Medication Information*** (please print) **Today's Date:** ____/____/_____

Child's Name: _____ **Age:** _____

Food/Drug Allergies: _____

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Name of Licensed Prescriber: _____

Phone Number: _____

Medication: _____

Dosage: _____

Instructions (route, frequency, duration, take with food, etc.): _____

_____

_____

Quantity Received: _____

Special Storage Instructions: _____

II. ***Authorization for Medical Care***

I hereby authorize the program/activity staff to administer my child the above-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

By signing this form, I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program/activity and the University of Georgia, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____