

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION

Agency: Sandlot Sports & Entertainment Child's Name: _____

PARENT'S AUTHORIZATION

I have reviewed the dosage instructions with my child's licensed health practitioner and they are consistent with the health practitioner's recommendations. I authorize child care personnel at SANDLOT SPORTS to administer the following Medications to my child:

Name of Medication	Amounts and Times	Dates From	To	Staff Initials	Time Admin.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian _____ Date: _____

If medication is left at Sandlot Sports longer than the time required to administer it, we will dispose of it after 30 days.

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