

MEDICATION ADMINISTRATION AUTHORIZATION FORM

STUDENT: _____ DOB _____

Please initial next to the medication(s) you approve for your student to receive from the Beach Week Medical team as needed: **(Only medication provided by the parent/guardian can be administered)**

<input type="checkbox"/> Tylenol tab/liquid	*as directed on label
<input type="checkbox"/> Ibuprofen tab/liquid	*as directed on label
<input type="checkbox"/> Benadryl tab/liquid	*as directed on label
<input type="checkbox"/> Tums/ Pepto Bismol	*as directed on label
<input type="checkbox"/> Motion Sickness tabs/liquids	*as directed on label
<input type="checkbox"/> other _____	*as directed on label

List of the daily medications (with the dose and frequency) to be administered by the Beach Week Medical Team:

I have notified the Beach Week Medical Team if my child has any allergies that would require special attention

_____ parent/guardian initials ALLERGIES _____

The parent/guardian will assume responsibility for the safe delivery of medications to the Beach Week Medical Team. **All prescription/nonprescription medications must be in their original container. Prescription medication must have a pharmacy label and student's name affixed. All controlled substances are to be given to the Beach Week Medical team for administration. Only medication provided by the parent/guardian can be administered by the Beach Week Medical Team to the student. All provided medication has been checked for expiration date.**

_____ parent/guardian initials

Permission to use/carry inhaler

(student) _____ has been instructed in the proper use of _____ inhaler

please check one:

Inhaler can be carried on person
 Inhaler needs to remain with Beach Week Medical Team
 N/A

Permission to use/carry Epinephrine auto injector

(student) _____ has been instructed in the proper use of _____ injector.

please check one:

Epinephrine auto injector can be carried on person
 Epinephrine auto injector needs to remain with Beach Week Medical Team
 N/A

Parent/Guardian Signature: _____ Initials _____ Date: _____