



**BOYS & GIRLS CLUBS**  
OF GREATER SAN DIEGO

**MEDICATION ADMINISTRATION FORM**

**Parent Permission (Consent Form)**

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

I hereby grant permission to the Boys & Girls Clubs of Greater San Diego to give my child the

Medication: \_\_\_\_\_ on \_\_\_\_\_ or  
(name of medication) (single date)

From: \_\_\_\_\_ to: \_\_\_\_\_

Reason/Condition: \_\_\_\_\_

Strength of Medicine: \_\_\_\_\_ mg Dosage: \_\_\_\_\_ Quantity in Container: \_\_\_\_\_

At the following times: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

**Physician's Order**

**To be completed by the physician authorizing the administration of medication.**

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

Home Address: \_\_\_\_\_

Condition for which drug is being given: \_\_\_\_\_

Name of Drug: \_\_\_\_\_ mg Dosage: \_\_\_\_\_

Time (s) to be given: \_\_\_\_\_

Relevant side effects to be observed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Length of time medication is to be given: From: \_\_\_\_\_ to: \_\_\_\_\_

Doctor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

**STAFF – When to use this form:** You need a completed and signed authorization for **EACH** and **EVERY** child for **EACH** and **EVERY** medication. File in the individual folder, your medication log or your health folder. Each medication should be in its container, labeled with the child's name, frequency and dosage.



Club Member's Name: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

At the following times: \_\_\_\_\_ (i.e. 10:30 a.m. and 2:30 p.m.)

Please record the date and time medication was dispensed and the staff member who dispensed the medication. If the child is absent, please mark that on this form.

[illegible]