

Program Name

PARENT/GUARDIAN CONSENT TO ADMINISTER MEDICATIONS

Program Name prefers that medication is administered by parents and/or taken at home, but we understand that there are circumstances in which this is not possible. In those circumstances, this form must be completed.

This Agreement must be completed by Parent(s)/Legal Guardian to allow trained **Program Name** staff to administer medication while under their care. Youth Education will make a reasonable effort to best follow the prescription guidelines outlined below. Please be sure to do the following or YE will not administer medication.

- Medication is labeled with the child's full name
- Medication is kept in the original or pharmacy container
- Medication has the original label
- Medication has a child safety cap

Participant (print full name): _____

I _____ am the parent/guardian of the above named Participant who is under 18 years of age.

Please complete the following:

Name of Medication(s):

Written instructions for administration of said medication(s) including:

- The dosage;

- The method of administration;

- The times and dates to be administered;

- The disease or condition being treated;

(TURN OVER)

Consent:

I hereby give my express consent to administer the **over-the-counter or prescription medication** described in this document to the Participant as described while participating with Youth Education Programs.

Signature of Legal Guardian and/or Parent of Participant

Date

Printed Name of Legal Guardian and/or Parent of Participant

Phone Number