MANCHESTER UNITED METHODIST CHURCH
YOUTH MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT
PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.
I AUTHORIZE MANCHESTER UMC STAFF/VOLUNTEERS TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD: (PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL

DOSAGE	REASON FOR MEDICATION	TIME(S) OF DAY

POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	PARENT PHONE NUMBER	DATE

RECORD OF ADMINISTRATION

STAFF/VOLUNTEER NAME	DATE	MEDICATION NAME	DOSAGE	TIME

RECORD OF ADMINISTRATION (CONTINUED)				
STAFF/VOLUNTEER NAME	DATE	MEDICATION NAME	DOSAGE	TIME