

MLTC Authorization for Medication

I hereby request and authorize The Marcus Lewis Tennis Center to administer the following medication to my child:

(Name of child) _____

Prescription _____ Dosage of prescription _____

Non-prescription _____ Dosage of non-prescription _____

Date(s) that medication is to be given: _____

Time(s) that medication is to be given: _____

Parent's Signature _____ Date _____

Below this line for staff use only

<u>DATES</u>	<u>DOSAGE</u>	<u>TIMES</u>	<u>STAFF SIGNATURE</u>
--------------	---------------	--------------	------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form must be filed in the child's record after the course of medication has been completed.