

Marcus Lewis Tennis Center

Authorization for Self-Medication

I hereby request and authorize The Marcus Lewis Tennis Center allow my child _____ to administer their own prescription for _____ (inhaler or epipen) and certify that they are aware of the correct dosage and how to properly use the inhaler or the epipen.

Prescription _____ Dosage of prescription _____

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

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

Parent's Signature _____ Date _____

DATE(S)	DOSAGE	TIME(S)	STAFF SIGNATURE

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