



Medication Administration Permission and Record

Information about the child and medicine
(completed by the parent/guardian)

Child's name:		Date of birth:		
Medicine:	Time:	Date:	Dosage:	Route:
Expiration Date:				
Medication prescribed for the child in question:				
Special instructions:				
Possible reactions:				
I give authorisation for Camp Managers at Munchkin Sports to administer the above medication as per the instructions and dosage.				Date:
Parent/guardian signature:				

Medication Log

(completed by Munchkin Sports Camp Managers)

Date:					
Medicine:					
Time given: Dosage/amount:					
Staff signature:					
Parent/guardian informed?					
Parent/guardian signature:					

Date:					
Medicine:					
Time given: Dosage/amount:					
Staff signature:					
Parent/guardian informed?					
Parent/guardian signature:					