

# 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>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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