Marcus Lewis Tennis Center Authorization for Self-Medication

I hereby request and authorize The Marcus	•
	to administer their own prescription for ben) and certify that they are aware of the correct 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.