I _____, the parent/guardian of _____ give permission to the Fit-n-Fun staff to administer the following medication(s) to my child.

Medication Name:_____

Medication Administer Amount/Time:_____

Parent/Guardian Signature:_____ Date:_____

The below box must e initialed and dated by the parent each day the child needs medication administered to them. Without parent initials, medication can not be given.

Parent Initials									
Date									
Employee Initials									
Time/Date									

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