AUTHORIZATION FOR MEDICAL TREATMENT

PLEASE PRINT (Update for each event requiring medication)

YOUNG MARINE INFORMATION

Last Name	First Name	Middle Initial
Age	Birthdate (MM/DD/YYYY)	Social Security Number
Parent/Guardian Name	Relationship	
Home Address Street	City	State / Zip Code
Primary Phone	Secondary Phone	
Work Phone	Email Address	

PART I: MEDICAL CONSENT (Parent or Legal Guardian is required to complete)

I certify that I am the parent, legal guardian, or other person in legal control of the above identified child and request and authorize that by child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

Parent or Legal Guardian Signature	Date

PART II: PERMISSION TO USE OVER-THE-COUNTER MEDICATION (If not completed, the Young Marine will not receive medication)

My child identified above has my permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of: while attending Young Marines activities.

Parent or Legal Guardian Signature	Date

PART III: PERMISSION TO DISPENSE PRESCRIPTION MEDICATION (If not completed, the Young Marine will not receive medication)

I request and authorize that my child identified above be administered the following prescription medication:

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In accordance with the medical doctor's instructions on the original and un-expired label. I certify that my child has a valid reason for taking the medication during Young Marines Activities. This permission is valid from (beginning date) to (ending date) .

Parent or Legal Guardian Signature	Date

PART IV: MEDICATION ADMINISTRATION RECORD

Medication Name	Strength	Form of Medication ☐ Liquid ☐ Tablet ☐ Aerosol ☐ Ointment ☐ Other	
Dosage & Time		Date	Administrator/Witness
Medication Name	Strength	Form of Medication ☐ Liquid ☐ Tablet ☐ Aerosol ☐ Ointment ☐ Other	
Dosage & Time		Date	Administrator/Witness
Medication Name	Strength	Form of Medication ☐ Liquid ☐ Tablet ☐ Aerosol ☐ Ointment ☐ Other	
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Medication Name	Strength	Form of Medication ☐ Liquid ☐ Tablet ☐ Aerosol ☐ Ointment ☐ Other	
Dosage & Time		Date	Administrator/Witness