

Allergy & Medication Authorization

Youth Programs

Child's Name

Date of Birth

Age

Parent/Guardian Name

Emergency Contact Number

Allergy Information

List all known allergies

Describe typical reaction(s) and treatment

Medication(s) required for allergies (if any)

Medication Authorization

Medication Name

Dosage

Time(s) and Frequency

Reason for medication

Medication Storage Instructions

Is child permitted to self-administer?

Authorization

Physician Name (if applicable)

Physician Phone

Parent/Guardian Signature

Date