

Permission To Administer Meds

NAME _____ DATE _____

| Times | Medication | Dosage | Administration directions |
|---------|------------|--------|---------------------------|
| 8:00 am | | | |
| | | | |
| 9:00 am | | | |
| | | | |
| 10:00am | | | |
| | | | |
| 11:00am | | | |
| | | | |
| 12 Noon | | | |
| | | | |
| 1:00 pm | | | |
| | | | |
| 2:00 pm | | | |
| | | | |
| 3:00 pm | | | |
| | | | |
| 4:00 pm | | | |
| | | | |
| 5:00 pm | | | |
| | | | |

All medications should be sent in the ORIGINAL PACKAGE / CONTAINER with the time of day to be given and dosage clearly marked. DO NOT SEND ANY MEDICATIONS IN UNMARKED CONTAINERS!
 - Medication not in clearly marked prescription container will not be accepted.

I, _____, authorize the staff of the Cobb County Parks, Recreation & Cultural Affairs Department to administer medication to my child/children.

Permission to give my child Tylenol Yes _____ No _____

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____