

Children's Programming Medication Form

Information:						
Child's Name:		Date of Birth:	mm	dd	уу	
Medication Name:		Dosage:			,,,	
Description:	Liquid 🗌 Inhalent	☐ Tablet	Other:			
Times to Administer:	•					
Method of Storage:						
	ers Racquet Club an the medication prov		liability, however	caused, ari	ising from the	
Child Administering own medication?		☐ Yes	□ No			
Parent/Guardian Signature:		Date:				
Medication/Trea	tment Administra	tion Record:				
Date:	Time:	Dosage:	Administrator'	s Signature:		