Accident & Medical Records

Youths Name; _____

(A) To give my child / ward the recommended dosage of children's TYLENOL as required.

(B) To give my child / ward prescription medication when required by the parents / guardians written instructions.

No medications will be given without the parents / guardians signature's below.

PRESCRIPTION or REGULAR INJECTIONS REQUIRED **Parent's Signature;** _____

Name of Drug;_____ Frequency; _____ Dosage; _____ [ ] Prescription
[ ] Injection
Name of Drug;_____ Frequency; _____ Dosage;_____ [ ] Refrigeration

Name of Doctor; _____ Issuing medication Doctor's Phone Number; _____

(A) Parent's signature;_____ **(B) Parent's signature** _____

Date	Time	Injury or prescription	Treatment / Prescription given	Signature