

**GARCIA STREET CLUB**

**AUTHORIZATION FOR ADMINISTERING MEDICATION**

This form includes prescription drugs, non-prescription drugs, sunscreen, vitamins, lip balm, etc.

Please provide accurate and complete information as medications will not be administered if there are any questions regarding dosage, etc.

I \_\_\_\_\_, hereby authorize the Garcia Street Club  
(Parent or Guardian)  
staff to administer the medication to my child as listed below.

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Classroom)

I understand that the staff member who administers medication is not a trained medical professional; therefore, I waive any claim against Garcia Street Club for the administration of medication.

Signature of parent or guardian: \_\_\_\_\_

New Mexico State Licensing Regulations require parents and/or guardians to initial this form in the areas provided acknowledging that medication was administered as indicated.

Please complete the form below indicating the correct dosage and/or other specifics if necessary.

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Initials: \_\_\_\_\_

\_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_

Time medication was administered: \_\_\_\_\_