



BOYS & GIRLS CLUB
OF HAWTHORNE

MEDICAL AUTHORIZATION FORM

I _____ authorize ALL Boys & Girls Club Staff members to see that my child
Parent's Full Name

_____ receives medication prescribed by_____.
Child's Full Name Child's Physician's Name

- **This medication is to be furnished by parent/guardian with the name of the medicine, the amount to be given and the correct time of day to be given.**
- **Medicine must be in the ORIGINAL bottle.**
- **The physician's and members' name MUST be on the label.**

MEDICATION MUST ARRIVE BEFORE CHILD'S FIRST DAY.

Parent's/Legal Guardian's Name (SIGNATURE):

DATE: _____