

**ROARING BROOK NATURE CENTER'S AUTHORIZATION FOR THE  
ADMINISTRATION OF MEDICATIONS**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child \_\_\_\_\_ Town \_\_\_\_\_

Condition or allergy for which drug is being administered \_\_\_\_\_

If child has an allergic reaction, please indicate the preferred course of medications:

#1. Medication Name / Generic Name of Drug \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method / Route \_\_\_\_\_

#2. Medication Name / Generic Name of Drug \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method / Route \_\_\_\_\_

#3. Medication Name / Generic Name of Drug \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method / Route \_\_\_\_\_

-----  
Prescriber's Name/ Title \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_  
-----

**AUTHORIZATION FOR SELF ADMINISTRATION OF INHALERS FOR ASTHMA**

Medication Name / Generic Name of Drug \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Prescriber's authorization for self-administration \_\_\_\_\_

Parent / Guardian authorization for self-administration \_\_\_\_\_