



Authorization of Administer Medication

Clayton Youth Enrichment (Clayton) requires the written authorization of a parent or legal custodian for the administration of medication and topical ointment/cream.

I, _____ parent/legal custodian of _____
(Parent/Legal Custodian) (Child Name)

consent to the administration medication and topical ointment/cream to the above-named child as directed by the treating physician and in accordance with Clayton policy. You have had an opportunity to ask questions about the policy and you understand it. This signed form will be placed in your child’s record.

Your signature on this form indicates that Clayton has provided you the *Medication Administration* policy. Your signature further indicates:

- You understand that all prescription and over-the-counter medications must be administered in adherence to Clayton policy.
- You agree to advise Clayton of all possible medication side effects and release Clayton from all liability for reactions that your child may suffer from this medication.
- You understand that in the event of a medical emergency, the parent/legal custodian’s authorization to administer medication is not required.
- You understand medication will be administered at specific times during the summer. It may be necessary to adjust your child’s medication schedule.
- You understand that you may revoke or modify this authorization at any time by giving written notice to Clayton. Any changes to this authorization will take effect after the receipt of the written notice by Clayton. This authorization expires on the last day of school of the current school year on this day:
_____.

My child **DOES** **DOES NOT** require medication.

Parent / Legal Custodian

Date

Parent / Legal Custodian

Date

As a representative of Clayton, I have explained the statements and ensured that the parent or legal custodian named above understands the statements contained in this form.

Clayton Representative

Date