



# MEDICATION AUTHORIZATION

Participant Name: \_\_\_\_\_  Female  Male  Other  
Last First Middle

Please list all medication the participant takes or uses: including prescriptions, daily used over-the-counter medications, and emergency use only medication such as inhalers and epi-pens.

Name of Medication	Dosage	Specific Time to Administer			Reason for Taking
		AM	Noon	PM	

Prescription drugs must be in the original bottle. Non-prescription drugs must be in the manufacturer’s container with the label intact and dosage information according to age legible. An adult must bring medication directly to Mountain Park HOA personnel. Participants may not transport medication.

\_\_\_\_\_  
INITIAL Generally Mt. Park HOA staff are not trained to administer emergency injections or other medical procedures. Should my above named child need an emergency injection or other medical procedure in the manner described above, I give Mt. Park HOA staff permission to administer it.

\_\_\_\_\_  
INITIAL Designated Mt. Park HOA staff will dispense medication under physician’s orders. All medications must be in a prescription container clearly labeled with the child’s name, typed of medication, dosage and times (both a.m. and p.m.) to administer medication to my above named child in the manner described.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_