



**BOYS & GIRLS CLUB
OF EAST AURORA**

SELF-ADMINISTERING AUTHORIZATION FORM

I authorize the Self-Administering for the medication listed below by:

Child's name: _____ D.O.B. _____

I also affirm that he/she has been instructed in the proper self-administration of the prescribed or as needed medication by his/her attending physician. I shall hold harmless the Boys & Girls Club of East Aurora & Holland, Camp Ska-No-Ka-San against any claims that may arise relating to my child's self-administration of the medications.

Signature of Parent/Guardian

Date

Signature of Physician

Date

Self-Administering Medication Form

Medication: _____

Start Date: _____ End Date: _____

Times for self-administering: _____

Doctor's Name: _____ Phone #: _____

Parent/Guardian Name: _____

Phone #: _____ (H) _____ (C) _____ (W)

Special Instructions: _____
