

Mary Haven Youth Center
Authorization to Administer Medication

I, _____, Parent of _____ hereby give permission for the staff of the Mary Haven Youth Center to give my child the medication listed below as appropriate according to the physician approved protocols. I contend that to the best of my knowledge, my child is NOT allergic to any of the medication listed below unless indicated and crossed out from the list below.

Common Brand Name	Generic Name	Common Use
Tylenol	Acetaminophen	Headache/Fever/Pain
Advil	Ibuprofen	Headache/Fever/Pain
Benadryl	Diphenhydramine	Allergies/Reactions
Milk of Magnesia	Milk of Magnesia	Constipation
Robitussin Elixir	Guaifenesin	Cough
Robitussin DM	Guaifenesin w/Dextromethorphan	Strong Cough
Afrin Nasal Spray	Neosynephrine	Stuffy Nose
Tinactin Cream	Tolnafate	Ringworm
Triple Antibiotic Ointment	Triple Antibiotic Ointment	Cuts, Scrapes
Hydrocortisone cream	Hydrocortisone	Mild Bums
RID	Pyrethrins+Piteronylbutoxide	Head Lice
Throat Lozenges	Throat Lozenges	Sore Throat
Syrup of Ipecac	Syrup of Ipecac	Accidental Poisoning

PRESCRIPTION MEDICATIONS

Additionally, I give permission for the staff to administer the following medication(s) as prescribed by:

Doctor _____ Doctor's Phone number _____

Medicine	Dose	Time(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have _____ have not _____ provided a supply of these prescribed medications at this time. If I have not provided these medications, I will do so in time as to not effect the scheduled times these medications are to be taken. I understand that all medications must be in an original pharmacy issued bottle with a current date. I am aware that it is my responsibility to provide prescription medication that my child needs and I take full responsibility for any complications created by my child not having an adequate supply of said medication. If my child receives any new prescription medications while in this facility, I will notify staff and provide these medicines also.

Signed: _____ Date: _____ Witness: _____