



# MGA Medication Administration

## Consent Form

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medication Information

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time(s) to be Administered: \_\_\_\_\_

Route (e.g., oral, topical): \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Special Instructions (e.g., with food, storage requirements):

\_\_\_\_\_  
\_\_\_\_\_

### Permission & Acknowledgment

I give permission for authorized staff to administer the above medication to my child as directed. I understand that:

- The medication must be in its original container, clearly labeled with the child's name.
- A physician's note may be required for prescription medications.
- I will inform staff of any changes in the medication or dosage.
- This form is valid only for the dates and medication listed.

I release Meadowlands Gymnastics Academy and its staff from any liability resulting from the administration of this medication, provided it is given as directed and authorized above.

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Receiving Form (print name): \_\_\_\_\_

Date Received: \_\_\_\_\_