



THE RANCH  
(Belvedere Tiburon Recreation)  
600 Neds Way  
Tiburon, CA 94920  
(415) 435-4355

## Permission To Administer Medication Form

Only fill out if you are sending your child with medicine to camp.

The Ranch staff has authorization to administer \_\_\_\_\_ (name of medication) to my child \_\_\_\_\_ (name of child) who is enrolled in The Ranch youth programs. This medication has been prescribed by \_\_\_\_\_ (name of doctor) as treatment for \_\_\_\_\_.

Administer medication as outlined below:

Dates to Administer \_\_\_\_\_

Dose to Administer \_\_\_\_\_

Number of doses/day \_\_\_\_\_

Hour(s) to administer \_\_\_\_\_

\_\_\_\_\_

\*Please note that all medication must be in its original container & will only be administered in doses in accordance with the label.

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