

**PART III: Permission to Dispense Prescription Medication (*If not completed, Young Marines will not receive medication*)**

I request and authorize that my child, \_\_\_\_\_, be administered the following prescription medication:

\_\_\_\_\_ per the medical doctor's instructions on the original and un-expired pharmacy label. I certify that my child has a valid health reason for taking the medication during the Young Marine Activities. This permission is valid from (beginning date) \_\_\_\_\_ to (ending date) \_\_\_\_\_.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: Medication Administration Record**

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Form of Medication: \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage & Time \_\_\_\_\_