



**BOYS & GIRLS CLUB**  
of Souhegan Valley

www.svbgc.org

56 Mont Vernon Street, PO Box 916  
Milford, NH 03055  
Phone: (603) 672-1002 Fax: (603) 732-5103

**PERMISSION TO ADMINISTER MEDICATION**

I, (please print your name) \_\_\_\_\_ authorize the Boys & Girls Club of Souhegan Valley to administer to my child (please print child's name) \_\_\_\_\_ the following medication/medications to be supplied by me in their original container with proper dosing/measuring tools supplied by me:

Medication:	Dosage:	Time(s):
Medication:	Dosage:	Time(s):
Medication:	Dosage:	Time(s):
Medication:	Dosage:	Time(s):

This authorization is valid for the following time period:

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed

OFFICE USE ONLY	Date Received: _____
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