



720-B Highway 17 North
Surfside Beach, SC 29575

(843)828-4386 • info@karateworldssb.com

www.KarateWorld55B.com

Karate World: Authorization to Administer Medication (1 of 2)

(Valid only for the current Program or Year that your child is registered for.)

Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, and the name of the physician.

We shall follow these provisions pertaining to medication:

1. An assigned staff member shall administer medications prescribed by a physician for a child written parental consent has been given.
2. Record of medication dosages to the child and the date and time medication is administered shall be maintained by the facility (an assigned Staff Member).
3. Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for health supervision. Each container shall carry the name of the medication, the name of the person for whom prescribed, name of the prescribing physician and the physician's instructions. All centrally stored medications shall be labeled and maintained in compliance with State and Federal laws. Each person's medication shall be stored in its originally received container. No medications shall be transferred between containers. Staff shall be responsible for assuring that a record of centrally stored prescription medications for each person in care includes: Name of the person for whom prescribed the drug name, strength, quantity, the date filled, the prescription number, and the name of the issuing pharmacy.
4. All medications shall be centrally stored in an area which is totally inaccessible to children.

I request that designated Karate World personnel assist my child in taking this prescribed medicine (including any provided over-the-counter medication). I understand that my child may not have nor take any medication at Karate World unless all requirements are met. I hereby give consent for a Karate World Staff member to communicate with my child's physician as needed with regard to this medicine. I will immediately notify Karate World if there are any changes in medications my child is taking while attending a class, camp, trip, or program.

Name of Parent / Legal Guardian: _____ **Relationship:** _____

Signature: _____ **Date:** _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Daytime) (Evening) (Mobile)

Physician Information
<p>The child named below is under my care. It is necessary for him or her to receive the indicated medication(s) during school/camp hours.</p> <p>Doctor's Name (please print): _____</p> <p>Signature: _____ Date: _____</p> <p>Office Address: _____ (Street) (City) (State) (Zip)</p> <p>Office Phone: _____ (Daytime) (Emergency) (Fax)</p>



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Karate World: Authorization to Administer Medication (2 of 2)

Child / Camper Medical Information (please print legibly):

Name of Student: _____ DOB: ___ / ___ / ___ M F

Medical Provider Name and Number: _____

Is there any additional information that you think we must know about your child? If so, please explain:

Diagnosis for which medication is prescribed _____

Name of medication(s) _____

Dosage (be specific, i.e., milligrams, quantity, etc.) _____

Time of day for each dose: _____ Frequency if "as needed": _____

If "as needed" describe indications and sequence orders: _____

Method of administration: _____

Explain any and all Symptoms of severe allergy: _____

Provide Instructions In case of allergic reaction: _____

Additional special instructions/interventions: _____

Additional Notes:

If you have any questions, please contact Jason McCormick at (843)828-4386 or Jason@KarateWorldSSB.com