

EKKLESIA
CONTEMPORARY BALLET

2017 Summer Dance Intensive

July 30 – August 5, 2017

Medication Authorization

(FOR MINORS)

Name of Child: _____

Condition for which drug is
being administered: _____

Drug Name: _____ Dose: _____

Route of administration: _____

Time of administration: _____ Frequency: _____

Relevant side effects: None expected Specify: _____

Prescriber's Name: _____

Telephone: _____

Address: _____

I, _____ hereby give permission for my child
Parent/ Legal Guardian's Name

_____ to carry and self-administer the above
Child's Name

medication while at Summer Dance Intensive from Monday, July 30 – Saturday, August 5, 2017.

Parent's or Legal Guardian's Signature:

_____ Date: _____