

**ADMINISTRATION OF MEDICATION, PAGE 1**

Name of Participant \_\_\_\_\_

Dates Attending \_\_\_\_\_

The Overnight Program is located at the San Diego Maritime Museum in San Diego, California. The Maritime Museum of San Diego is approximately 10 minutes from Scripps Mercy Hospital in Hillcrest. The nature of the program requires that all children participate in a variety of vigorous learning and social activities. Standardized, well-balanced meals are provided.

It is understood that the Maritime Museum of San Diego is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Maritime Museum of San Diego and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgement arising out of these arrangements which may be rendered against them.

**INSTRUCTIONS**

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

**Part I: Prescription Medication****MEDICATION 1**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**ADMINISTRATION OF MEDICATION, PAGE 2**

Name of Participant \_\_\_\_\_

Dates Attending \_\_\_\_\_

**Part II: Non-Prescription Medication****MEDICATION 1**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 3**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_