



**BOYS & GIRLS CLUBS**  
OF PROVIDENCE

## Medical Consent Form

To be completed by a parent or legal guardian

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Date Prescribed: \_\_\_\_\_

Exact dosage to be given: \_\_\_\_\_

Time of day to be given: \_\_\_\_\_

Dates and days dosage to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name and telephone number of doctor who prescribed the medication:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be given the medication described above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Parent      \_\_\_\_ Guardian

\*\*Please note: Medication has to arrive at the Club in its original prescribed container.

Business & Development Center

550 Wickenden Street • Providence, RI 02903-4438 • Tel: 401-444-0750 • Fax: 401-444-0757

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