



**RAINTREE RANCH EQUESTRIAN CENTER**

*Parent Authorization Form for  
Non-Prescription Medications or Prescription Medications*

**Non-prescription and prescription medications may be dispensed by designated Raintree Staff, only after a parent or guardian has provided written consent for the dispensing of the drug and provided written instructions for dispensing the drug to the office. Medication must be supplied in the original container or packaging. For safety and liability reasons, medications received in any container other than the original will not be accepted for Staff administration.**

Parental Consent

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I give permission for my son/daughter to receive the following medication during Camp hours and/or activities at Raintree Ranch Equestrian Center. I understand that if my child refuses the medication, it will not be given. I will then be notified and may be required to pick-up my child.

Name of Medication (Generic & Trade)	Dosage Form* (mg/cc/tsp)	Time (am/pm)	Possible Adverse Side Effects
1. _____	_____	_____	_____
2. _____	_____	_____	_____

*\*Raintree Ranch Equestrian Center will not administer any medications by routes other than oral.*

I hereby release Raintree Ranch Equestrian Center, its agents and employees from any and all liability that may result from them administering or failing to administer the above medication. I hereby acknowledge that the medication to be administered will not impair my child's ability to participate in horse activities.

Signature (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Log**

Date	Time	Name of Medication	Person Administering Medication