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Medication Consent Form

Parent/Guardian Permission for the Administering of Medication
BY UNLICENSED STAFF OR PERSONNEL IN THE ABSENCE
OF A LICENSED HEALTHCARE PROVIDER

Tamarack Nature Center staff cannot administer medication (prescription or over-the-counter) unless this form is completed, signed, and delivered before/at program start time. Note: *Epinephrine (Epi-pen) and/or Benadryl® (diphenhydramine)* require a different form. Please ask for that form if you need it.

Child's Name: _____ Date of Birth: _____

Program Registered For: _____

Child's Address: _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different from child's address):

Cell Phone: _____ Home Phone: _____ Work Phone: _____

If parent/guardian is unavailable in an emergency, please contact:

Name: _____ Phone: _____ Relationship to Child: _____

My child needs the following medication during their time with the Tamarack Nature Center Program:

Name of Medication: _____ Dosage: _____ Time: _____

PLEASE CHECK ONE:

☐ **My child will administer his or her own medication.** I hereby give permission for Tamarack Nature Center staff to dispense the above medication to my child at the above time.

☐ **My child will need help administering their medication.** I hereby give permission for Tamarack Nature Center staff to dispense and administer the above medication to my child at the above time.

Notes about how to administer this medication:

Parent/Guardian Signature

Date