



2800 Main Ave
www.tntkidsfitness.com

Fargo, ND 58103
email: kidscomefirst@tntkidsfitness.com

Phone: 701-368-8868
Fax: 701-368-8870

PERMISSION TO ADMINISTER PRESCRIBED MEDICATION

TNT requests that all students requiring medication do the following:

- Present a written form signed by the parent or legal guardian along with medication information filled out and signed by the physician.
- Bring prescription medication in its original prescription bottle, properly labeled by a registered pharmacist as prescribed below.

A separate form is needed for each medication for each child. Forms are available on our website at: www.tntkidsfitness.com under the Kid's Fitness tab.

All medications will be given by TNT Fitness Personnel only if the prescribing physician completes the form below. We will make all reasonable efforts to give medication in a timely manner, but final responsibility for administration of medication rests with the parents.

TO BE COMPLETED BY PARENT

Student's Name _____ DOB ____ / ____ / ____

I, _____, give permission for my child to receive the following medication as directed.

Parent's Signature Date

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

E-mail: _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____

Specific Time: _____ and Dose _____ to be given at TNT Kid's Fitness

Length of Time: From: _____ Until: _____

Restrictions: _____ Allergies: _____

PHYSICIAN'S SIGNATURE PHONE

Date Above Information Ordered: ____ / ____ / ____