



HAWAII NATIONAL GUARD JOB CHALLENGE ACADEMY

P.O. Box 5210 Hilo, HI 96720
Ph: (808) 430-4184 fax: (808) 933-1403



CONSENT TO ADMINISTER MEDICATION

I affirm I am the parent and/or legal guardian of _____
(Name of Minor)

DOB of Minor: _____

As the parent and/or legal guardian, I hereby authorize HINGYCA—Medical Department, and/or its agents to administer medication including over the counter (OTC) medication as well as medication prescribed by his/her Physician to my son/daughter.

(Name of Minor)

I hereby consent to and authorize the administration of OTC medication that may be considered advisable or necessary, in the opinion of the HINHYCA—Medical Department to my son/daughter.

(Name of Minor)

I affirm that I have read and understand the **Consent to Administer Medication Form**.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

Primary Phone: _____