

**VAN ZANDT COUNTY JUVENILE PROBATION DEPARTMENT
MEDICAL AUTHORIZATION**

Name of Child _____

Name of Parent/ Legal Guardian _____

Name of Person Giving Consent _____

I do further, hereby request and authorize the staff of the Van Zandt County Juvenile Probation Department/Detention Center to give prescription medication to my child as ordered by a licensed physician. Non-prescription medication may be administered to my child, as needed at the discretion of probation and/or detention personnel.

I do hereby agree to save, hold harmless and indemnify the Van Zandt County Juvenile Probation Department/Detention Center of and from any all claims, demands, and causes of action whatsoever on account of or in any way resulting from or to result from the authorizing by the Van Zandt County Juvenile Probation Department/Detention Center of such medical services.

Non-Prescription Medications:

Authorized:	Staff Initials	Parent/Guardian Initials
Ibuprofen	_____	_____
Pink Bismuth	_____	_____
Non-Aspirin Pain	_____	_____
Reliever	_____	_____
Triple Antibiotic	_____	_____
Ointment	_____	_____
Hydrogen Peroxide	_____	_____
Isopropyl Alcohol	_____	_____
Calamine Lotion	_____	_____
Vaseline	_____	_____
_____	_____	_____

Parent/ Legal Guardian Signature _____ Date/Time _____

Van Zandt County Juvenile Detention Officer **(Circle One)** Received / or Witnessed Signed Consent Form

_____ D.O Date/Time _____

 I, _____ (PRINT NAME LEGIBLY), position _____
 have given an explanation of the contents and authorization on this form as he/ she as not available to the person stated in "Person giving consent". The person verbally gave me the consents and authorizations on this form as he/she as not available in person to execute this form as required by Van Zandt county Juvenile Probation Department. The person has authorized me to enter the above information. I requested the person to appear and sign this form.

Signed _____

Date/Time: _____