

Medical Authorization Form

I hereby authorize a member of the SEATA Youth Committee to administer the following medication for my youth according to the instructions indicated below. I confirm I have provided the medication in its original and properly labeled container.

Delegate Name:	Cell Phone Number (In Case of Emergency):
Youth Name:	Number of Medications: 1 2

Name of Medication:	Form? Please Circle	Refrigerated? Please Circle	Amount to be administered:	Times to be administered:	Administered with food?
	Pill Liquid Other _____	Yes No			Yes No
	Pill Liquid Other _____	Yes No			Yes No

Parent/Guardian's Signature: _____ Date: _____

This portion to be completed by a Youth Committee member.

Name of Medication	Amount	Administered By	Time

Please return this signed form after you complete your online registration
(or with your paper registration)
to:

Darrell W. Smith, Executive Director
Southeastern Association of Tax Administrators
3762 Overlook Drive
Tallahassee, FL 32311-7863
Phone: (850) 577-0007 Fax: (850) 577-0010

For conference information, visit us at <http://www.seata2010.net>.