

ADMINISTRATION OF MEDICATION CONSENT FORM

The policy is medication will only be administered if it has been prescribed by a qualified medical practisionor, is in it's original container and I have a signed permission form with directions.

I, _____, authorize _____

(Parent's name) (Care provider's name)

to adminisiter _____ to my child _____

(Medication) (Child's name)

with the following instructions:

Dosage:

Time(s):

Special Instructions (ie: on full/empty stomach, etc.) _____

Possible Side Effects: _____

Parent Signature

Date

Time and date administered:

Date	Time	Provider Initials