

Medicine Administration Form

I _____ (name of parent/guardian) give permission for _____ (name of school) to give my child _____ (name of child) the following medication _____ (name of medication) for _____ (reason for taking medication).

The dosage for this medication is _____ (dosage) to be given every _____ (frequency) by _____ (method of administration) on the date(s) of: _____ (date/dates). The last dose was administered today at _____ (time).

Side effects (list all possible side effects)

Has this medication been prescribed by a doctor? ___ yes ___ no

If so, what is the doctor's name and telephone number?

Is this over-the counter medication? ___ yes ___ no

Has your child taken this medication before? ___ yes ___ no

Describe any reactions or side effects experienced:

I authorize the Director to administer the above listed medication to my child according to the instructions on this authorization form. I also understand that the Director will not be responsible for any reactions or side effects that the above listed medication may cause to my child.

Signatures

Parent/Guardian Signature

Date

Director Signature

Date