

# Administration of Medication Form

Today's date \_\_\_\_\_

Child's name \_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_

Medication name \_\_\_\_\_

How administered \_\_\_\_\_

Amount to be given at each time (dosage) \_\_\_\_\_

Medication being given for: \_\_\_\_\_

Prescription # \_\_\_\_\_ Date prescribed: \_\_\_\_\_

Time and frequency medication to be given by staff: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, give permission for the staff of  
(Program name) \_\_\_\_\_, to administer the above prescription medication  
according to the above guidelines.

I understand that the staff cannot be held responsible for allergic reactions or other complications resulting from  
administration of the above medication given according to the directions.

Signed \_\_\_\_\_ (parent or guardian) Date \_\_\_\_\_

\_\_\_\_\_

## Administration record

Date	Time	Amount given	Staff administering	Time last given by parent