Administration of Medication Form

Child's Name _____ Today's Date _____

Medication Name _____ How administered_____

Amount to be given at each time (dosage) _____

Medication being given for _____

Prescription # _____ Date Prescribed _____

Time and frequency medication is to be given by staff_____

I, _____ give permission for the staff to administer the above prescription medication (according to the above guidelines) to _____.

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 of guardian)

Date _____

ADMINISTRATION RECORD

Date	Time	Amount Given	Staff Administering	Time last given by parent