

## Parental Permission for Medication/Medication Administration

Use this form to obtain written permission for any prescription or non-prescription medication the parent/guardian may ask you to administer. Use the log below to document the medication you have given.

I, \_\_\_\_\_ give my permission to  
(Parent's/Guardian's name)

\_\_\_\_\_ to administer the following medication to  
(Provider/A.A.)

\_\_\_\_\_ beginning on \_\_\_\_\_ and ending  
(Child's name) (Date)

on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Name of medication

\_\_\_\_\_  
(dosage, # of times per day and # of days for that week the medication is to be administered)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

### Medication Administration

Name of child: \_\_\_\_\_

Date	Time	Medication Dosage	Given By
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____