

Chatham School House

**Medication Administration Consent Form**

Dear Parent/Guardian:

Medication shall be administered only upon written order of the prescribing physician and/ or a written request of the parent. This will give permission for the staff to administer the medication as directed. Medication must be in original container labeled with child's name, date, dosage, physician name and telephone number.

Child's name:

\_\_\_\_\_

Name of medication:

\_\_\_\_\_

Physician name and Telephone Number

\_\_\_\_\_

Specific instructions/ dose amount/ frequency:

\_\_\_\_\_

\_\_\_\_\_

Date/ time/ dosage and initials of person administering medication:

Date	Time/ dosage	initials	Time/ dosage	initials	Time/ dosage	initials

I hereby give permission to Chatham School House to administer medication to my child as directed.

Signature \_\_\_\_\_

Date \_\_\_\_\_