Medication Consent Form

I ________________ wish the following medication
(Name of Parent/Guardian)

to be administered to my child:

Child's name ____________________________________________

Grade ____________________________

Class Teacher ____________________________________________

Medication Name: _______________________________________

Times to be given _______________________________________

Dosage to be given _______________________________________

Recommended action if child's condition deteriorates

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Emergency Contacts:

Parent/Guardian Ph. ____________________________

Medical Practitioner's Name Ph. ____________________________

Medical Practitioner Ph. ____________________________

I hereby give my consent that this medication be administered to my child as I
have directed here. I further consent that medical attention may be sought
for my child should it be deemed necessary.

Signed: ____________________________________________ Date ___/___/____

(Parent/Guardian)