

**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 to be given by staff \_\_\_\_\_

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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 or guardian)

Date \_\_\_\_\_

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**Administration record**

Date	Time	Amount given	Staff administering	Time last given by parent