

## PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Child's Full Name \_\_\_\_\_

Date \_\_\_\_\_

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

Dosage \_\_\_\_\_

Time(s) of Dosage \_\_\_\_\_

Any special instructions (take with food, on an "as needed" basis, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Start Date of Prescription \_\_\_\_\_

End Date of Prescription \_\_\_\_\_

Possible side effects \_\_\_\_\_  
\_\_\_\_\_



Rx Number \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_

Name/Phone of prescribing Physician \_\_\_\_\_

I release \_\_\_\_\_ from any liability from administering  
(name of provider)  
this medication.

\_\_\_\_\_ (parent signature)

\_\_\_\_\_ (date)

\*All Prescription Medication must be in the original container clearly labeled with the child's name and dispensing instructions.