

**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/Assistant)  
\_\_\_\_\_ 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

