Parent Permission for Medication Administration

To be completed by parent:
hereby authorize VOCDC Teachers to administer medication to my child in in Child's Name
The dosage to be given is It is to be given at and continued for
between and Date
Name of medication:
Reason for medication:
Possible side effects to watch for:
Name and number of prescribing physician:
Special instructions:
Prescription label includes: child's name, frequency and amount of dosage, name of drug, duration of administration, method of administration, expiration date, storage instructions, date filled, and name of the prescribing physician
Time of last dose (at home):
Parent Signature: Date:

Verification of Administration

Date	Time	Amount	Signature of administering person	Date	Time	Amount	Signature of administering person