

Authorization for Medication

I, _____ the parent and/or guardian of
Parent/Legal Guardian Name

_____, authorize the staff of *(SITE NAME)*
Student's Name

to administer the following designated medication to my child.

Name of Medication: _____

Describe the Circumstances under which the medication is to be administered:

Dosage: _____ Time: _____

In detail, describe how to administer the medication:

Parent/Legal Guardian Name _____

Signature of Parent/Legal Guardian _____ Date _____