

Parental Consent for Medication Administration

Student Information

Student Name

Date of Birth

Class/Grade

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Medication Details

Medication Name

Dosage

Time/Frequency to Administer

Reason for Medication

Special Instructions

Parent/Guardian Consent

I, the undersigned, authorize the school staff to administer the above medication to my child as directed.

Parent/Guardian Signature

Date