

Parent Permission to Administer Medication

(A separate record must be maintained for each medication.)

Child's name _____

Class _____ Date of birth _____

Name of medication to be administered _____

Dosage and route of administration _____

Administration of Medication

Begins _____ **Ends** _____ (unless otherwise notified)

I/we give The Branch School permission to dispense the above medication.

Mother's signature _____ Date _____

Father's signature _____ Date _____

Records of administration: date / time / amount of medication	Branch School staff / witness	Parent notified	2	4
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Directions for Administration: 1. Medication must be in the original container labeled with child's name, the date brought to school, and the expiration date (up to six months). 2. Administer medication in amounts specified. 3. Notify parent immediately after administration. 4. Keep records for at least three months. 5. Store medication out of reach of children, refrigerating it if required (separate from food). 6. Dispose or return medication when child is withdrawn from school, when medication is out-of-date, or when it is no longer required. 7. If you choose not to administer a medication, the parent must be informed before the child is enrolled in the school.

(The reverse side has continued records of administration of medication.)

Records of administration: date / time / amount of medication	Branch School staff / witness Parent notified 2	4
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