PARENTAL CONSENT FOR PRESCRIBED MEDICATION

Name of child: _____ **Form:** _____

Name of medication:_____

Reason for medication: _____

_____

Dosage: _____

Times to be given at school: _____

Time(s) given at home: _____

Date commenced: _____

Duration of medication:_____

Name of parent: _____

Signed: _____ **Date:**_____

Date	Time	Dose	Sign