Medication Administration Consent Form

Child's Name:_____
Doctor's Name:_____ Phone:_____
Pharmacy Name:_____ Phone:_____
Medication:_____
Dosage of Medication:_____
Times given by parent:_____
Times to be given by Children's House:_____
_____
Any possible side effects:_____
_____

I hereby give permission and authorize the Abbotsford Montessori Children's House staff to administer the medication in the dosage as stated above. This dosage is consistent with the recommendation of the medical practitioner and/or the drug manufacturer. I accept the responsibility of supplying the current correct medication in its original container, and I agree to submit a new consent form if there is any change in the medication to be administered.

_____ _____
Signature of Parent/Guardian Date

Date Given	Time Given	Amount Given	Administered By