



**Permission to Administer Medication**

\*New form to be used with each medication\*

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medication/Prescription: \_\_\_\_\_

I \_\_\_\_\_, hereby give my permission to the FGCA to administer medication to my child in the amount and at the times specified in the child's record or care plan.

I \_\_\_\_\_, hereby give my child permission to self-administer their medication. My child must self-administer under the supervision of an FGCA employee who is competent to administer medication if necessary.

DATE	TIME	DOSAGE	COMMENTS	STAFF SIGNATURE

Parent Signature: \_\_\_\_\_