



Archdiocese of Regina

**Parent Consent for Administration of Medications and Medication Chart**

**PARENT'S INSTRUCTIONS:**

1. Prescription and nonprescription medication must be stored in the original bottle with unaltered label.
2. Prescription and nonprescription medication shall be administered in accordance with the label directions.
3. Written consent must be provided from the parent/guardian, permitting facility personnel to administer medications to the child. Instruction shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE
MEDICATION NAME	DOSAGE
MEDICATION NAME	DOSAGE

I authorize \_\_\_\_\_ personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while in attendance.

BEGINNING DATE

ENDING DATE

TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

STAFF	DATE
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