Medication Form

(if needed)

I authorize _____ **Oliver Day School** _____ staff to administer

(name of medication) _____

to my child _____

according to the instructions below.

Special Instructions:

Parent Signature _____ Date_____

Dosage to be given: _____ Time to be given: _____

Start Date: _____ Finish Date:_____

Date	Time	Dose	Medication Name	Staff Initial