



## **PARENTAL CONSENT FORM FOR MEDICATION**

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

Date to Start Medication: \_\_\_\_\_ Date to Stop Medication: \_\_\_\_\_

Hunter Mill Country Day School has my permission to administer the following drugs and medications:

Drug Name and/or Prescription Number: \_\_\_\_\_

Time to be Given: \_\_\_\_\_ Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this medication will be returned to the parent when this medication is no longer required.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_