



Permission to Administer Medication

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

I \_\_\_\_\_ hereby give my permission to the staff of \_\_\_\_\_ Maple Ridge/Pitt Meadows Community Services to administer: \_\_\_\_\_  
(Program Name)

Name of Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Dosage: \_\_\_\_\_

When to Administer: \_\_\_\_\_

This medication will be administered to my child: \_\_\_\_\_  
(Name of Child)

according to the orders and instructions of my physician (to be found on the vial or bottle for prescription drugs).

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Printed Name

Effective Date of this Consent: From: \_\_\_\_\_ To: \_\_\_\_\_

| Medication Record (to completed by program staff) |      |        |          |                 |
|---|------|--------|----------|-----------------|
| Date  | Time | Dosage | Comments | Staff Signature |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |
|   |      |        |          |                 |

**Note:** One form must be completed for each prescription or refill.  
Completed form must be filed in child's record