

Authorization to Administer Medication

The morning dose must be given at home.

What time will the morning dose be given at home? _____ a.m.

I hereby request the St. Alban's staff to administer the medication/s named below to my child. Medication will not be administered after any stated expiration date.

Child's Name _____ Teacher _____

Date/s to Administer Medications _____

Name of Medication	Dosage	Time to Administer

By signing below I release the St. Alban's staff from all liability for reactions which my child may suffer from this medication.

Parent Signature: _____ Date _____