



## Parental Permission for Medication/Medication Administration

This form obtains written permission for any prescription or non-prescription medication parents/guardians may ask ECSG staff to administer to their child(ren).

I, \_\_\_\_\_ give my permission to **ECSG Staff** to administer the following medication to \_\_\_\_\_ beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

Name of medication: \_\_\_\_\_

Dosage, # of times per day, and # of days for that week the medication should be administered:  
\_\_\_\_\_

\_\_\_\_ My child has taken this medication before.

\_\_\_\_ My child has not taken this medication before I gave it to them on \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_ My child has never taken this medication but is prescribed it for a medication emergency as described in their IHCP.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medication Administration

Name of Child: \_\_\_\_\_

Medication Log:

Date	Time	Dosage	Method of Administration	Given By