

Please note: Medication must be supplied in its original container

ADMINISTRATION OF MEDICATION FORM

Please Print

I _____ being the parent/guardian of

Name of Student: _____

request that John XX111 College **Nursing staff** administer the following medication as prescribed

by Doctor: _____

For the purpose of treating: _____

Name of Medication: _____

Dose of Medication: _____

Time to be taken: _____

Comments: _____

Signature of parent/guardian

Date

TEACHING STAFF

Please note: Medication must be supplied in its original container.

ADMINISTRATION OF MEDICATION FORM

Please Print

I _____ being the parent/guardian of

Name of Student: _____

request that John XX111 College **Teaching staff** administer the following medication as prescribed

by Doctor: _____

For the purpose of treating: _____

Name of Medication: _____

Dose of Medication: _____

Time to be taken: _____

Comments: _____

Signature of parent/guardian

date