



940 Creston Rd. Paso Robles, CA 93446
(805) 238-0335 FAX (805) 238-0892
www.trinitypaso.org
www.fastdir.com/trinitypaso

PARENT/GUARDIAN CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

Note: Regulation Section 101221 requires the following information be on file.

Child's Name _____ *Date of Birth* _____

Medication Name _____ *Dosage* _____

Child's weight _____

PARENT/GUARDIAN INSTRUCTIONS:

1. All prescriptions and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medications shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent/guardian permitting school facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

I AUTHORIZE SCHOOL PERSONNEL TO ASSIST IN THE ADMINISTRATION OF MEDICATION(S) DESCRIBED ABOVE TO THE CHILD NAMED ABOVE FOR THE FOLLOWING MEDICAL CONDITION(S):

FROM _____ **TO** _____ **AT** _____ **DAILY**
Start date *End date* *Frequency/ Time(s) of day*

PARENT'S SIGNATURE: _____ **DATE:** _____

Upon completion of the medication, the container will be disposed of properly unless otherwise notated.

SPECIAL INSTRUCTIONS/COMMENTS:

