



**STAR OF BETHLEHEM LUTHERAN SCHOOL
2018-2019**

Medication Administration Consent:

This consent form will remain effective through June 5, 2019.
A new form must be filled out if any changes occur.

Child's Name (Last name first): _____

Name of Medication #1: _____

Dose: _____ Time(s) to be given: _____

How it is given: _____

Can this medication be self-administered by the child? _____ YES _____ NO

Side effect and any special instructions: _____

Name of Medication #2: _____

Dose: _____ Time(s) to be given: _____

How it is given: _____

Can this medication be self-administered by the child? _____ YES _____ NO

Side effect and any special instructions: _____

Parent Signature: X _____ Date: _____

Physician's Signature: X _____ Date: _____

(Physician signature not required for over the counter medications)