OAKLAND ACADEMY

Permission to Administer Medication

Long Term Medication Form

I authorize Oakland Academy staff to supervise the administration of the following medication to my child:

Child's Name:____________________________ Date:____________

Name of Medication:______________________ Dosage:______________

Time(s) to administer:_____________________ Refrigerate? Yes____ No___

Date(s) to administer medication: First date________ Last date________

Medication may only be administered with prior written permission of the parent(s)/guardian(s). All medication must be in the original container, labeled with the name of the child, name and strength of medication, doctor's name and instructions. We must adhere to the label instructions.

Signature:______________________________________ Date______________

Medication Administered

Dosage	Time	Date	By	Witness	Dosage	Time	Date	By	Witness