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:	_ Refrigerator: Yes No
Date(s) to administer: Start Date:	End Date:

Medication may only be administered with prior written permission from the parent(s) or 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: _____

Dosage	Time	Date	Ву	Witness

Dosage	Time	Date	Ву	Witness