## Oakland Academy Permission to Administer Medication Short 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:	Date:End Date:			
Medication may only be administered with prior volumers. All medication must be in the original name and strength of medication, doctor's name and strength of medication.	al container, labeled with the name of the child			
Signature:	Date:			

Dosage	Time	Date	Ву	Witness

Dosage	Time	Date	Ву	Witness