

Permission to Administer Medication

Children may not transport or store medication in or with their belongings, unless it is an approved inhaler.

I hereby give permission to The St. Vincent de Paul Royal Kids Care Program to administer

_____ for _____
(Name of Medication) (Child's Name)

(This includes both prescription and non- prescription medications. These products must be provided by the parent in their original packaging and will be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.)

Signed _____
Parent or Guardian of Child

Medicine to be given _____ Time _____ Dose _____

From: _____ To _____
(Date) (Date)

The parent may request the pharmacist to fill the prescription in two bottles, one for home use, and the other for the SVDP Royal Kids Care Program