

DISCOVERY HOUSE
MEDICATION CONSENT FORM

Child's Name _____

Name of drug _____

Administration instructions

Quantity to give: _____

At what times: _____

Before or after meals? _____

What to do if child gags and spits up medication? _____

Start date: _____

Stop date: _____

Reason for medication _____

I hereby give permission for the Discovery House to give the medication(s) to my child according to the directions stated above

I agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

Signature of Parent/Guardian

Date