

Children's Center at Caltech

Medical Dosage Form: Parent permission

I hereby instruct and give my permission to the Director of the Children's Center at Caltech or a staff person selected and supervised by her, to administer to my child the prescription medicine or drug listed below, on the stated date and time

Child's Name _____

Reason for Medication _____

Date	Medication	Dosage	Time	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

I understand that my child is not to be in school if s/he is ill. I understand that this service is an accommodation for me and I will not hold the staff, the Director, or the Board of Directors of the Children's Center liable for either the improper administration of the doses or any adverse effects of the medicine or drug given.

Parent Signature _____