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### Parent/Guardian Consent for Administration of Medications Form

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| Child’s Name (Last) First Date of Birth |
| Address City State Zip Code |
| Parent/Guardian Name (Last) (First) (Middle) |
| Address City State Zip Code |
| Telephone Alternate Telephone Best Contact Time E-Mail Address |

I authorize Unitarian Universalist Congregation of Santa Fe staff/volunteers to assist in the administration of medications described above to the child named above for the following:

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| --- | --- |
| Medical Condition |  |
| Medication Name |  |
| Dosage |  |
| Beginning Date |  |
| Ending Date |  |

**Parent’s Instructions**:

1. All prescription and nonprescription medications shall be maintained with the child’s name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Parent instructions shall not conflict with the prescription label or product label directions.

Upon completion, return medicine to parent or destroy.

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| Print Name |
| Signature Date |