

St. Joseph Extended Care Program Medication Consent Form

I hereby grant permission to St. Joseph Extended Care Program to administer the following medication to my child in accordance with the directions below.

Child's Name: _____ Medication: _____

Dosage: _____ Frequency: _____

Special Instructions: _____

Dates medication is to be administered: _____ to _____

Parent's signature: _____ Date: _____

NOTE: Prescription medication cannot be given unless it is received in the original container with the correct pharmaceutical label clearly showing the child's name and dosage instructions.

Sunscreen is considered non-prescription medication and requires parental authorization prior to using it. If provided by the child's family, container must be clearly labeled with child's first and last name. A child 6 years or older may apply sunscreen to themselves under the direct supervision of staff.

Date	Dosage	Times	Initials