

ESP Medication Log

My child, _____, will require that medication be given to him/her during the program day. I hereby give permission for the staff to administer this medication according to the instructions below. I likewise release the staff from any liability related to the administration of medicine to my child as long as the duty is discharged according to the following instructions.

Parents Signature: _____ Date: _____
Child's Name: _____ Medication: _____
Amount to be distributed: _____ Time to administer: _____

Please explain what the medication is for, any side effects the staff needs to be aware of, and how the medication is given.

Date/Time	Medication	Dosage	Staff Signature	Parent Signature

OVER----->

