

Hammitt Junior-Senior High School  
1500 Fort Jesse Road, Suite A  
Normal, IL 61761  
309-452-1790  
FAX: 309-452-1832

Parent/Guardian Consent to Administer Medication

I give permission for \_\_\_\_\_ to receive  
(Name of Student)

\_\_\_\_\_ at \_\_\_\_\_  
(Medication) (Dosage) (Time)

\_\_\_\_\_ at \_\_\_\_\_  
(Medication) (Dosage) (Time)

\_\_\_\_\_ at \_\_\_\_\_  
(Medication) (Dosage) (Time)

administered by The Baby Fold/Hammitt Junior-Senior High School staff  
according to their school policy.

(Signature of Parent/Guardian)

(Relationship)

(Date)