

NURSES FAX: 309-451-7290

Hammitt School
108 E. Willow
Normal, IL 61761
Nurse Phone 309-451-7274

Parent/Guardian Consent to Administer Medication

I give permission for _____ to receive
(Name of Student)

_____ at _____
(Medication) (Dosage) (Time)

_____ at _____
(Medication) (Dosage) (Time)

Administered by The Baby Fold Nurses or School staff according to school policy.

(Signature of Parent/Guardian)

(Relationship)

(Date)