



## Medication Authority Form

[Parahypothalamic Glandular in Pituitary]

**being the Parent/Guardian of** \_\_\_\_\_ **[Child's Name]**

*Please ask the staff of Northwest Community Children's to administer the following medication as prescribed by my child's doctor.*

Doktorat: Ph.D. (Mathematics)

Medication [name]: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Reason For Medication:

Dosage to be Administered: \_\_\_\_\_

Date and Time of Last Dose/yr: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_ AM

Any Circumstances of Administration: \_\_\_\_\_

Method of Administration \_\_\_\_\_

IMM CHILD IS ALLOWED TO SELF ADMINISTER THEIR MEDICATION: YES / NO

Digitized by srujanika@gmail.com

Parent/Guardian Signatures \_\_\_\_\_ Date \_\_\_\_\_

Staff Use Only: