

Medication Consent Form (only complete if needed)

Child (full name): _____

Medication Prescribed	Dosage	Schedule
1.		
2.		
3.		
4.		

Parent Comments:

My child is responsible for administering his/her own medication. BGC Leduc is in no way responsible in ensuring that my child has received his/her medication as described above.

Parent Name (Print) and Signature

Date