

Permission to Administer Medication

I hereby give permission to The St. Vincent de Paul Royal Kids Summer Care Program to administer

_____ to _____.
(Name of Medication) (Child's Name)

(This includes both prescription and non-prescription medications. These products must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.)

Signed _____
Parent or Guardian of Child

Medicine to be given at _____ Dose _____ From: _____ To _____
(Time) (Date) (Date)