

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)