

**Roots and Fruits  
Medication Consent Form**

**1. Parental Release for Administration of Prescription Medications**

Child's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name) give permission for the above medication to be given to my child only as prescribed by: \_\_\_\_\_ (name of physician). This medication may be given to the child until \_\_\_\_\_ (date or when empty).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2. Parental Release for Administration of Medication on Doctor's Orders**

Child's name: \_\_\_\_\_

Medication: \_\_\_\_\_

Condition for which prescribed: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Dosage and time of administration: \_\_\_\_\_

Medication to begin \_\_\_\_\_ (date) until \_\_\_\_\_ (date)

Other remarks: \_\_\_\_\_

Date: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I request the above medication be given to my child as ordered by the doctor:

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_