



Child's Name _____

Date: _____

I give permission for STS to administer the following medication to my child. I will not hold STS liable in the event of reactions or complications arising from my child receiving this medication. All medication needs to come in a labelled container from the pharmacy. Any over the counter medication (such as Tylenol, Motrin, etc.) needs to be in a new unopened container.

Parent Signature _____

Name of Medication: _____

Reason for Medication: _____

Start Date: _____ Finish Date: _____

Times for Each Dose: _____ am or pm _____ am or pm

Amount Per Dose: _____

Dosage Log				
Date	Time	Dose	Signature	Comments

Initial: _____