



School-Age Care serving Cedar Mill Elementary  
and Bonny Slope Elementary School  
"When School's Out, We're In"

**ADMINISTRATION OF MEDICATION FORM**

I, \_\_\_\_\_ authorize The Student Stop to administer \_\_\_\_\_  
(parent/guardian name) (medication)  
 to my child \_\_\_\_\_ with the following instructions:  
(child's name)

Dosage: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

**Special Instructions (i.e. full/empty stomach):**

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**Possible side effects:**

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**Action Plan:**

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date time dose initial				date time dose initial				date time dose initial				date time dose initial			

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_