

Victory Learning Center

1307 Lebanon Road Nashville, TN 37210
615-843-5830

Permission to Administer Medication

Date: _____

I hereby grant permission to Victory Learning Center to administer medication to _____ as prescribed by his/her physician.

Medications to be administered: _____

Dosage: _____

Time(s) to be administered: _____
(A specific time must be given. We cannot give "as needed".)

Possible side effects: _____

Parent's Signature

Director's/Assistant Director's Signature

Staff administering medication

Witness

Time(s) given _____

I have received all of the following:

- _____ Times medication was administered.
- _____ Name of staff administering medication to my child.
- _____ Unused medication.

Parent's Signature

Date