## Roots and Fruits Medication Consent Form

## 1. Parental Release for Administration of Prescription Medications

Child's Name:	
	(parent/guardian name) give
permission for the above medic	cation 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 A	Administration of Medication on Doctor's Orders
Child's name:	
Medication:	
	d:
Possible side effects:	
Dosage and time of administra	tion:
Medication to begin	(date) until (date)
Other remarks:	
Date:	Doctor Signature:
Address:	
Phone:	
	be given to my child as ordered by the doctor:
Date:	Parent/Guardian Signature