



Years of Nurturing & Educating Future Generations

St. Mary's Armenian Apostolic Church . *Richard Tufenkian Armenian Pre-School*
Ս. Աստուածածին Հայոց Առաք. Եկեղեցի . Ռիչարդ Թիֆէնքեան Ազգային Մանկամարտ
1200 East Carlton Dr. Glendale, CA 91205 . T 818.240.7030 F 818.240.1520

Parent Permission (Consent) and Physician's Order for Medication Administration

(All medications should be labeled with child's name, name of the medication, physician name and directions).

A. PARENT PERMISSION (CONSENT)

Date: _____

I hereby grant permission to _____

to give my child, _____ ,

Name of Medication: _____ For (Reason): _____

Dosage (How Much): _____ At: _____ o'clock.

on Day: _____ Date: _____ or From: _____ to _____

Specific instructions / Side effects to be careful of: _____

Signature of Parent/Guardian: _____

B. PHYSICIAN'S ORDER

Name of child: _____ Date: _____

Address: _____ Birth Date: _____

Condition for which drug is being given: _____

Name of drug: _____ Dosage: _____

Time to be given: _____

Relevant side effects to be observed: _____

Other suggestions: _____

Length of time during which medication shall be given: From _____ To _____

Doctor's Signature _____ Phone: _____

Address: _____