



Years of Nurturing & Educating Future Generations

St. Mary's Armenian Apostolic Church . *Richard Tufenkian Armenian Pre-School*
Ս. Աստուածածին Հայոց Առաք. Եկեղեցի . Ռիչարդ Թիւֆէնքեան 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 in original box, labeled with child's name,
name of the medication, physician name and directions).

A. 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: _____

B. PARENT PERMISSION (CONSENT)

I hereby grant permission to _____

to give my child, _____ the
above medication prescribed by his/her physician.

I understand that it is my responsibility to maintain an adequate supply of medication, inform the school of changes in dosage, frequency of administration, or discontinuance of medication. Changes must be accompanied by a doctor's signed note or this form setting forth the changes.

I also understand that the School can assume no liability for injury or death to a student in the event that parent(s) elect to have a School official administer medication to the student. Furthermore, the School may at its discretion decline to administer medication to a student.

Signature of Parent/Guardian: _____ Date: _____