

**EMPLOYEE CONSENT
TO ADMINISTER PRESCRIPTION MEDICATION**

NAME OF STUDENT _____

PRESCRIPTION MEDICATION _____

NAME OF EMPLOYEE (please print) _____

I hereby consent to administer, to the above student, as per the instructions on Form 316-1 “Medication Permission Form” and Form 316 – 3 (if applicable). I reserve the right to withdraw, at any time with sufficient notice, my consent to administer the medication.

Employee Signature _____ **Date** _____