

EMPLOYEE CONSENT TO ADMINISTER PRESCRIPTION MEDICATION



AP 316-2

Name of Student: _____

Prescription Medication: _____

I hereby consent to administer, to the above named student, as per the instruction on the Student Medication Form, the medication indicated above. I reserve the right to withdraw, at any time with sufficient notice, my consent to administer the medication.

Date: _____

Name of Employee: _____

(please print)

Signature of Employee: _____