

Permission to Administer Medication

I, _____, hereby request and authorize

(parent or guardian)

_____ to administer the below described

(Provider)

medication(s) to _____.

(name of child or dependent)

I understand that the provider may be inexperienced and/or untrained in this requested service.

Name of family member: _____

Relationship: _____

Medication name: _____

Exact dosage to be given: _____

Time(s) to be dispensed: _____

Condition that requires medication: _____

I understand that the provider referred by Staffing Solutions @ Mothers' Aides (SS@MA) will not administer any medication of any kind unless specifically authorized in writing by a parent or guardian. I hereby agree to indemnify and hold SS@MA and provider harmless from and against any and all loss, damage, or accident claims which may arise out of or in connection with the rendering of any services by any Service Providers referred by SS@MA.

Signature of parent or guardian

Date