

**I ILLINOIS**  
University Housing  
STUDENT AFFAIRS

**Permission to Administer Medication**

I give the Orchard Downs Preschool staff permission to administer the following medication(s) to my child according to the instructions listed on medication label.

Student's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials	Date	Medication	Dose	Time Given	Notes

SUBMIT

ReSet