

Consent for Administering Prescription Medicines

Name of the Resident: _____

Date of Birth: _____

We here by authorize Vivaan adult staff member to administer the following prescription medicines to our child.

These medicines are prescribed by a physician/specialist. _____ (Initial)

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

Medication _____ Dose _____ Time _____

We also authorize Vivaan to procure generic equivalent to above medicines and administer to our child.

This consent is valid till we submit another revised consent form.

Vivaan is not liable for any consequences, that arise out of administering these medicines to our child.

Parent/Guardian Signature _____ Date _____