

WAIVER OF LIABILITY TO ADMINISTER MEDICATION

We (the family's name) _____ give permission for
(sitter's name) _____ to administer the following medication/s as described
below to my child and waive all liability associated with administering said medication/s .

Child's name _____ Age _____

Sitter to check box and initialize that medication was given at appropriate time or note otherwise

Medication: _____ amount _____ to be given at the following time/s _____ _____

Medication: _____ amount _____ to be given at the following time/s _____ _____

Medication: _____ amount _____ to be given at the following time/s _____ _____

Family Signature

Date