



## Consent to Administer Medication

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**Template Owner:** All Individuals  
**Template Used By:** All Programs  
**Template Purpose:** Obtain consent from the resident's legal guardian for our programs employee's to administer non-prescription medication to a resident.

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I \_\_\_\_\_, give consent for Quinte Children's Homes  
Parent/Guardian

to administer non-prescription medication and prescription medication

(non-psychotropic) as directed, to \_\_\_\_\_.  
Name of Resident

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature of Resident: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_