



MEDICATION ADMINISTRATION POLICY AND PROCEDURE
Signature Page

Student Name: _____ Date of Birth: _____

Thank you for taking the time to read the Medication Administration Policy and Procedure (last revised on 6/21/18). Please remember that these rules are mandated by law and are instituted with the health and safety of your child in mind.

By signing below you are acknowledging that you have read and understand the policy. This acknowledgment remains in effect for the duration of placement at Re-Education Services, Inc. or until a policy revision is made, whichever comes first.

Parent/Guardian Signature

Date