



The Children's Aid Home Programs of Somerset County, Inc.
P.O. Box 1195, Somerset, PA 15501, 814.445.2009, FAX: 814.445.8481

Medication Consent Form

I hereby request that the Children's Aid Home Programs, through its appropriate personnel, supervise self-administration of the medications currently being prescribed below. I further consent to the supervised self-administration of medications prescribed by a physician, including psychotropic medications, during the course of my/my child's services/treatment, understanding that I will be notified and informed of any medication changes and/or additions for permission.

Date

Child/Adolescent Signature

Date

Parent/Legal Guardian Signature