

The Learning Tree Child Care Center Parental Medication Permission Form



CHILD'S NAME _____

THE FOLLOWING MEDICATION HAS BEEN PRESCRIBED FOR THIS CHILD. I REQUEST THAT THE FOLLOWING DOSAGE FALLING DURING PROGRAM HOURS BE ADMINISTERED BY PROGRAM PERSONNEL.

MEDICATION _____
CONDITION FOR WHICH PRESCRIBED _____

POSSIBLE SIDE EFFECTS _____
INSTRUCTIONS FOR USE _____
DOSAGE _____ TIME _____ FREQUENCY _____ NO. OF DAYS _____

PHYSICIAN'S NAME _____ DATE _____
ADDRESS _____ PHONE _____

I REQUEST THE ABOVE MEDICATION BE GIVEN TO MY CHILD AS PRESCRIBED.

PARENT SIGNATURE _____ DATE _____

PROGRAM STAFF: FILL OUT DATE, TIME PRINTED AND WRITTEN SIGNATURE WHENEVER DISPENSING MEDICINE.

DAY OF WEEK _____
DATE _____
TIME _____
SIGNATURE _____

DAY OF WEEK _____
DATE _____
TIME _____
SIGNATURE _____

DAY OF WEEK _____
DATE _____
TIME _____
SIGNATURE _____

DAY OF WEEK _____
DATE _____
TIME _____
SIGNATURE _____

DAY OF WEEK _____
DATE _____
TIME _____
SIGNATURE _____

PLEASE USE ANOTHER FORM WHEN THIS ONE IS FULL, THEN ATTACH WITH CLIP OR STAPLE
MEDICINE RETURNED TO PARENTS: _____ DATE _____
OTHER: _____

PLACE FORM IN THE CHILD'S FILE WHEN MEDICATION IS COMPLETE.

I, RELEASE _____ PERSONNEL FROM ANY LIABILITY IN RELATION TO THE ADMINISTRATION OF THIS MEDICATION AT THE CENTER.

THE LEARNING TREE CANNOT ADMINISTER ANY MEDICATION THAT HAS EXPIRED.