

The Learning Tree Child Care Center

Medication Permission Form – Prescribed Medication



Child's Name _____

The following medication has been prescribed for my child. I request that the following dosage falling during program hours be administered by program personnel.

Name of medication: _____

Condition for which prescribed: _____

Possible side effects: _____

Instructions for use: _____

Dosage: _____ Time: _____ # of days: _____

Physician's name: _____

Address: _____ Phone: _____

I request that the above medication be given to my child as prescribed. I, release The Learning Tree personnel from any liability in relation to the administration of this medication at the center.

Parent Signature _____ Date _____

Program Personnel: completely fill out the following information whenever dispensing medication.

Date: _____

Time: _____

Dosage given: _____

Printed name: _____

Signature: _____

Date: _____

Time: _____

Dosage given: _____

Printed name: _____

Signature: _____

Date: _____

Time: _____

Dosage given: _____

Printed name: _____

Signature: _____

Date: _____

Time: _____

Dosage given: _____

Printed name: _____

Signature: _____

Date: _____

Time: _____

Dosage given: _____

Printed name: _____

Signature: _____

Date: _____

Time: _____

Dosage given: _____

Printed name: _____

Signature: _____

Attach another form when this form becomes full, forms must be stapled together.

Medicine returned to parents: yes no Date Returned: _____

If no, why was medication not returned? _____

THE LEARNING TREE CANNOT DISPENSE ANY MEDICATION THAT HAS EXPIRED. THIS FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR MEDICATION TO BE ADMINISTERED. ALL MEDICATION MUST BE IN THE ORIGINAL PACKAGING.

Place this form in child's file when medication is complete.