



# MEDICATION PERMISSION

ID



Name of Child

Name of Physician

Phone

Name of Medication

Reason

Date(s) of Administration

Time(s) of administration

Special Instructions

Route of administration

Dose

Medication storage

Fridge

Cool & Dry Place

Other

Possible side effects

Child's Photo

## Discontinue administration in presence of the following reactions

I,  [Parent / guardian's name] authorize the designed day care staff to administer the mentioned drug parent/ Guardian of the child  [Child's name], as specified above and in compliance with the attached medical report. As such, I agree to hold harmless the daycare and designated personnel of all claims following the implementation of the above.

Parent/Guardian's signature

Date

Center's Signature

Date

## MEDICATION ADMINISTRATION RECORD

[To be completed by the authorized person administering the medication]

Date	Time	Staff Signature	Observations/Remarks	Guardian Signature

The above mentioned medication is administered by the responsible care provider/nurse. This form shall be kept in the child's file for the period of his/her stay at the childcare centre.