

2016-2017
MEDICATION PERMISSION FORM



Child's Name: _____

Name of medication: _____

REMINDER: *All medication must be supplied to us in its original prescription container, properly labeled and this form must be completely filled out and match the information on the medicine container. We will not accept any medication nor will any medication be administered until this is completed.*

- Prescription and Non-Prescription Medication
(Doctor's approval & signature are required)
- Sunscreen **(Parent's signature is required below)**
- Diaper Cream **(Parent's signature is required below)**

Condition for administering medicine: _____

Dosage to be administered: _____

Times to be administered: _____

Refrigeration necessary? Yes No

Possible adverse reactions: _____

Physician's signature _____ Date _____

Parent's signature _____ Date _____

Date(s) & Time(s) Admin.	Adverse Reactions Observed	Staff Member's Initials