

## CHILD CARE CENTER MEDICATION PERMISSION FORM

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Time to be given here at school: \_\_\_\_\_

Amount of dosage: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

A separate medication permission form must be signed for each medication. No medicine will be given here at the center that is not in the original prescription bottle. The label must be dated, and is to have the name of the child, name of the medicine, the dosage, and the name of the doctor.

It is the responsibility of the parent/guardian to ask the teacher for the medicine when the child is picked up. Parents - please do not depend on them to remember to give it back to you.

**DO NOT send over-the-counter medicine without a doctor's prescription.**

(This includes cough syrups and aspirin/Tylenol/Motrin.) We cannot give it without a doctor's prescription. It is recommended that medication permission forms be updated weekly.

### MEDICATION LOG

NAME	MEDICATION	DATE	TIME	METHOD	AMOUNT OF DOSAGE	INITIAL OF PERSON GIVING MEDICATION