



Newberry Child Care 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 medication.

Day of the week _____
Date _____
Time _____
Signature _____

Day of the week _____
Date _____
Time _____
Signature _____

Day of the week _____
Date _____
Time _____
Signature _____

Day of the week _____
Date _____
Time _____
Signature _____

Day of the week _____
Date _____
Time _____
Signature _____

Please use another form when this one is full, then attach with a clip or staple medicine returned to Parents: _____ Date: _____ Other: _____

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

I, release Newberry Child Care personnel from any liability in relation to the administration of this medication at the center. Newberry Child Care cannot administer any medication that has expired.

