

MEDICATION CONSENT FORM

Child's Full Name: _____ DOB _____ Date _____

Name of Medication _____ Dosage _____

Time(s) to be given _____

Parent Signature _____ Date _____

I hereby request the staff to administer the medication named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing above I release the child care center and its staff from all liability for reactions which my child may suffer from this medication.

[illegible]