

Parental Medication Permission Form

Child's Name:				
hours be administered	by program personnel. I, re	elease Newberry Child Care per	following dosage falling during program sonnel from any liability in relation to the minister any medication that has expired.	
Medication:				
Condition for which it is	s prescribed:			
Possible side effects: _				
			# of Days	
Phone:				
Parent Signature:			Date:	
	m Staff: Fill out all appropi	riate boxes and sign each time	medication is dispensed	
Day of the Week		Day of the Wee	ek	
Date		Date		
Time		Time		
Signature		Signature		
Day of the Week		Day of the Wee	•k	
Date		Date		
Time		Time		
Signature		Signature		
Day of the Week		Day of the Wee	ek	
Date		Date		
Time		Time		
Signature		Signature		
Please us another form	when this one is full, then	attach with a clip or staple me	edication returned to	
Parents:	Date:		Other:	

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