



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. 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.

Medication: _____

Condition for which it is prescribed: _____

Possible side effects: _____

Instructions for use: _____

Dosage _____ Time _____ Frequency _____ # of Days _____

Physician's Name: _____

Address: _____

Phone: _____

Parent Signature: _____ Date: _____

Program Staff: Fill out all appropriate boxes and sign each time medication is dispensed

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	

Day of the Week	
Date	
Time	
Signature	

Please use another form when this one is full, then attach with a clip or staple medication returned to

Parents: _____ Date: _____ Other: _____

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