

O.K. KIDS MEDICATION PERMISSION SHEET

Child's Name _____

Address _____

I have prescribed the following medication for this child and request that dosage falling during day care center hours be administered by day care personnel.

NOTE: Authorization is also needed for non-prescription medications.

MEDICATION: _____

Condition for which prescribed: _____

Possible side effects: _____

Instruction for use: _____ Dosage: _____ Time: _____

Frequency: _____ Number of days: _____

Date: _____ Signature: _____
(Physician)

Clinic: _____ Telephone: _____

Pharmacy: _____ Telephone: _____

Parent Permission:

I request the above medication be given to my child as prescribed.

Date: _____ Signature of parent or guardian: _____

CENTER STAFF: Fill in the date, time and initials whenever dispensing medication.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY