

Medical Information and Consent Form

To be completed by parent/guardian - One for each medication.
Please fill out all forms. Blank fields should be completed with N/A

Child's First Name:

Child's Last Name :

Doctor's Name:

Doctor's Phone Number:

Medication:

Reason for medication:

1. Prescription Drugs: We will give these exactly as shown on the label only.

2. Other Drugs: We will give these only if recommended by your doctor.

Dose:

Method of Administration:

Start on:

Times of Day:

Last Day:

Other Instructions:

Side effects to be aware of:

I authorize this child care program to administer the medication named above to my child and I certify that the instructions given are recommended by a physician.

Parent/Guardian Name:

Primary Contact: