

Permission to Administer Prescription Medication

Date: _____

I hereby give my permission to the staff of Budding Children's Garden & Daycare to administer the following medication, according to the doctor's instructions*, to my child,

(Child's Name)

(Name of Medication)

(Prescription Number)

(Signature of Parent or Guardian)

**Doctor's instructions must be on the original vial or bottle for prescription drugs.*

Record of Medication Administration

Name of Child: _____ Doctor's Name: _____

Date commenced: ____/____/____
(MM/DD/YYYY)

Date stopped: ____/____/____
(MM/DD/YYYY)

Date	Time	Dosage	Comments	Staff Signature

Note: One form required for each prescription or refill. File in Dropbox after each administration.