



# Newberry Child Care 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.

Medication: \_\_\_\_\_

Condition for which prescribed: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Instructions for use: \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_ Frequency \_\_\_\_\_ No. of days \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Staff: Fill out date, time printed and written signature whenever dispensing medication.

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 medicine returned to

Parents: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

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

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.

