

Sample Form: Ellana's child, Zoe is on medication for 6 days from Nov 17 - 22. (Amoxicillin)

SAMPLE



PERMISSION TO ADMINISTER MEDICATION FORM

I Ellana Katzberg hereby give permission to staff at Playcare Early Learning Centre Inc. to administer to

my child Zoe Katzberg the following medication. Parent Signature

Date: Nov 17/22

Parent to complete

↓ remember meds are given once daily at 12:30

→ today's date

Date	Medication name	Dosage	Time last given	Time to be given	Fridge Y/N	Staff Name & Sig	Time Administered & Observations	OTC or Prescription
Nov 17/22	Amoxicillin	5ml	6:00am	12:30	Y	Leave blank for staff		Prescription
Nov 18/22	Amoxicillin	5ml	6:00am	12:30	Y	Leave blank for staff		Prescription
Nov 19, 20	weekend - no meds					@ school		
Nov 21/22	Amoxicillin	5ml	6:00am	12:30	Y	Leave blank for staff		Prescription
Nov 22/22	Amoxicillin	5ml	6:00am	12:30	Y	Leave blank for staff		Prescription

Reason for medication: ear infection Possible side effects: Tummy Ache End Date: Nov 22/22

Over the counter medicine may only be given with a letter from your child's physician. The medication label must include your child's name, the medication name, and the dosage instructions.

I hereby authorize Playcare Early Learning Centre Inc. to use the following:
Polysporin | Diaper Cream | Sunscreen | Vaseline | Hand Sanitizer

Parent Initial:

I release Playcare Early Learning Centre Inc. and it's employees, from any liability however caused, arising from the administration or failure to administer medication provided herein. Parent Signature

Medications @ Playcare will ONLY be administered @12:30pm.
Alternative times will not be an option.



PERMISSION TO ADMINISTER MEDICATION FORM

I _____ hereby give permission to staff at Playcare Early Learning Centre Inc. to administer to my child _____ the following medication. **Parent Signature** _____ **Date:** _____

Parent to complete 1 line for each day medication must be administered

Date	Medication name	Dosage	Time last given	Time to be given	Fridge Y / N	Staff Name & Sig (Parents leave blank)	Time Administered & Observations (Parents leave blank)	OTC or Prescription
				12:30				
				12:30				
				12:30				
				12:30				
				12:30				
				12:30				

Reason for medication: _____ Possible side effects: _____ End Date: _____

Over the counter medicine may only be given with a letter from your child’s physician.

The medication label must include your child’s name, the medication name, and the dosage instructions.

Medication **MUST** remain at daycare and must not go back and forth (Request from Pharmacist 2 x bottles, 2 x puffers etc.)

Only Emergency Types of medication will be administered by Playcare Staff.

I release Playcare Early Learning Centre Inc. and it’s employees, from any liability however caused, arising from the administration or failure to administer medication provided herein. Parent Signature _____.