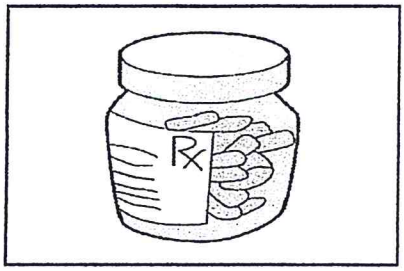
Prescription Medication Log



Child's Name _____

Date _____

I give permission to my child care provider, _____, to administer the following medication to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.

Parent Signature _____

Name of medication: _____

Reason for medication: _____

Start Date _____ Finish Date _____

Times for each dosage: _____ am or pm _____ am or pm

Amount per dose: _____

Dosage Log				
Date	Time	Dose	Signature	Comments

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Child's Full Name _____

Date _____

Name of medication _____

Dosage _____

Time(s) of Dosage _____

Any special instructions (take with food, on an "as needed" basis, etc.):

_____

Start Date of Prescription _____

End Date of Prescription _____

Possible side effects _____

_____

Rx Number _____

Name of Pharmacy _____

Pharmacy Address _____

Pharmacy Phone _____

Name/Phone of prescribing Physician _____

I release _____ from any liability from administering
(name of provider)

this medication.

_____ _____
(parent signature) (date)

*All Prescription Medication must be in the original container clearly labeled with the child's name and dispensing instructions.