MEDIC	ATION	DEOL	IIREMENT
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PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

ADMINISTRATION, INCLUDING TIMES AN THIS FORM IS VALID ONLY FOR THE DAT	ID AMOUNTS FOR ES INDICATED BE	I DOSAGES.`A ['] SEPARATE FORM ELOW.	I IS NEEDED FOR EAC	CH MEDICATION.
I AUTHORIZE CHILD CARE PERSONNEL	TO ADMINISTER T	HE FOLLOWING MEDICATION TO	O MY CHILD:	
(PROPER NAME OF MEDICATION)				
CHILD'S FULL NAME		DATE MEDICATION TAKEN FROM UNTIL		
DOSAGE		TIME(S) OF DAY		
POSSIBLE SIDE EFFECTS				
SIGNATURE OF PARENT(S) OR GUARDIAN			DATE	
RECORD OF ADMINISTRATION				
STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME