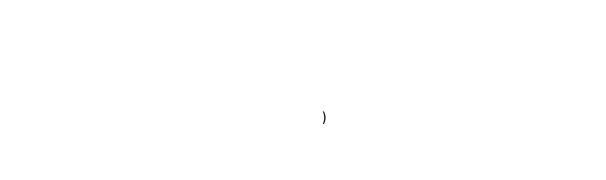
## **COMMUNITY CHRISTIAN CHILD DEVELOPMENT CENTER**

## **Permission to Administer Medication**

I give permission for my child to be given the following medication:

Child's Name					
Name of Medication					
Dosage					Refrigerate
Dates to be Given					
Times to be Given	(	) (	) (		) (
Special Instructions					
Possible Reactions					
Parent's Signature					
	84	<b>-</b>	Days do seden		lestas.
Medication:	Monday	Tuesday	Wednesday	Thursday	Friday
Dosage:					
Date:					
Times:					
Facility Staff's					
Signature:					
I give permission for Child's Name			dminister Medicing medication:	ation	
Name of Medication					
Dosage	-				Refrigerate
Dates to be Given					
Times to be Given	(	) (	) (		) (
Special Instructions					
Possible Reactions					
Parent's Signature					
	Monday	Tuesday	Wednesday	Thursday	Friday
Medication:					
Dosage: Date:					
Times:					
Facility Staff's					
Signature:					

\*\*\*RETURN MEDICATION TO PARENT UPON COMPLETION\*\*\*



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