

# 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 \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Medication:</b>					
<b>Dosage:</b>					
<b>Date:</b>					
<b>Times:</b>					
<b>Facility Staff's Signature:</b>					

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

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