MEDICATION PERMISSION FORM

Name of Child: _____

Name of MEDICATION: _____

It is recommended that this form be reviewed by management every 3 months if the medication is ongoing.

If you are giving or applying any medication to a child in attendance, the following must be completed by the parent for each medication.

I give my permission for Teddy Bear's Playhouse staff to give or apply the following medication (prescription or OTC).

Dates for Medication From:_____ To: _____	**Times to give Medication**
Amount of Medication to give	**Parent Signature and Date** Sign_____Date_____

Please note: We can only administer medication using the directions on the original pharmacy labeled container.

Date	Time Given	Amount Given	By Whom