

Consent to Administer Medication

Forms must be completed by the parent/guardian. Parent/guardian must take the time to make sure that the staff have complete understanding of the instructions before staff can administer any medication. Non-prescription medication will not be administered unless written instruction are received and signed by a physician.

Staff reserve the right to refuse to administer medication should they not feel they have adequate training. Please speak to the coordinator for further clarification.

Date _____ Child's Name _____

Centre _____ Date of Birth _____ (month/day/year)

Prescription Name _____ Number _____

Prescribed by _____

Dosage _____ Medication storage location _____

Date to start medication _____ Last day to administer _____

Time range (eg. 3pm – 3:10pm) _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM

I hereby give my permission for the staff of _____ Child Care Centre to administer the above medication in the dosage and time as stated above. I accept the responsibility of supplying the correct drug in the original prescription container and I agree to submit a new Consent Form if there is any change in medication prescribed.

Parent/Guardian signature _____ Staff signature _____

Staff Use Only (One form per prescription or refill. Completed form is filed in the child's file.)

	Time Given	Date	Dosage	Staff Signature
1.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
2.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
3.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
4.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
5.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
6.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
7.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
8.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
9.	<input type="checkbox"/> AM <input type="checkbox"/> PM			
10.	<input type="checkbox"/> AM <input type="checkbox"/> PM			