

Christ Lutheran Children's Center Permission to Administer Medication

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

Child's Name: _____

Name of Medication: _____ **Expiration Date:** _____

Dosage: _____ **Refrigerate**

Dates to be given: _____

Times to be given: (_____) (_____) (_____)

Special Instructions: _____

Possible Reactions: _____

Parent's Signature: _____ **Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medication:					
Dosage:					
Dates:					
Times:					
Facility Staff's Signature:					