Medication Permission and Record

Child's Name (First and Last):_____

I, _____ have determined that _____ is competent to give or apply
(Parent/Guardian's Name) (Director/School Age Provider/Staff)
medication to my child. I understand that School Age Center and Preschool Directors have the responsibility to assess that ability of staff to give or apply medication safely, and may give or apply medication to my child.

Signature of Parent or Guardian_____ Date _____

Parents must fill out the first entry on the medication log

Date	Medication	Dosage	Times To Be Given	Parental Approval (Signature)	Amount and Given By	Date and Time