

SCHOOL MEDICATION FORM AND RECORD SHEET

Name of child :

Date :

I, (parent or guardian name), give
permission for (child's name) to be given
medication by child care staff according to instructions stated below.

Name of medication :

Amount(s) to be given :

Date(s) to be given :

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.....
.....

Time(s) to be given :

.....
.....

Special instructions :

Storage :

Signature :

Please join the medical prescription.