The Early Learning Center at Richard Winn

Permission to Administer Medication

Child's Name:_____________________________

Name of Medication:_____________________________ Refrigerate?________

Dosage:____

Times to be Given: _______________________________

Parent/Guardian's signature:__________________________ Date:__________________

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Record of Medication Given

(To be completed by ELC Director and a copy returned to parent/guardian)

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Date:	_______	________	__________	________	_______
Time:	_______	________	__________	________	_______
By:	_______	________	__________	________	_______
Initial:	_______	________	__________	________	_______

Medication records need to be kept on file for one year. Center must keep a copy of this record as well as give a copy to the parent/guardian.