



PERMISSION TO ADMINISTER MEDICATION

Child Care Services
4461 Interurban Road
Victoria, BC V9E 2C1
T: 250-370-4880 F: 250-370-4888
E: childcare@camosun.bc.ca
www.camosun.ca/childcare

Please fill out the form and return to your Sr. Educator.

I, _____, hereby give permission to
the staff of _____ to administer:
(name of center)

(Name of Medication) *(Prescription Number, if Applicable)*

to my child _____

- According to the doctor's orders and instructions as noted on the prescription bottle or vial (for prescription drugs)
- According to the following instructions for (non-prescription drugs):

Signature of Parent or Guardian _____ Date _____

MEDICATION RECORD

Name of Child: _____ Physician: _____

Name of Medication: _____

Date Commenced: _____ Date Stopped: _____

Date	Time	Dosage	Comments	Staff Signature

NOTE: Use one form for each medication dispensed. Completed form to be filed in child's file.