



PERMISSION TO ADMINISTER MEDICATION FORM

I _____ hereby give permission to staff at Playcare Early Learning Centre Inc. to administer to my child _____ the following medication. **Parent Signature** _____ **Date:** _____

Parent to complete

Date	Medication name	Dosage	Time last given	Time to be given	Fridge Y / N	Staff Name & Sig	Time Administered & Observations	OTC or Prescription

Reason for medication: _____ Possible side effects: _____ End Date: _____

**Over the counter medicine may only be given with a letter from your child's physician.
The medication label must include your child's name, the medication name, and the dosage instructions.**

I hereby authorize Playcare Early Learning Centre Inc. to use the following:

Polysporin | Diaper Cream | Sunscreen | Vaseline | Hand Sanitizer

Parent Initial:

I release Playcare Early Learning Centre Inc. and its employees, from any liability however caused, arising from the administration or failure to administer medication provided herein. Parent Signature _____.