



# More Than Just Babysitting Child Care Centre Inc.

"Where kids count"

## Medication Information and Consent Form

To be completed by parent/guardian — One for each medication.

Child's Name:	Reason for Medication: _____
	Medication: _____
Doctor's Name:	Medication Expiry Date: _____ (As per date on the medication label)

This medication form is in conjunction with the child's Individualized Plan \_\_Yes \_\_No

1. Prescription Drugs: We will give these exactly as shown on the label only.
2. Other Drugs: We will give these only with a doctor's note with the exception of teething when a dr. note is not necessary.

Indicate physical symptoms under which the medication should be given:

Dose: (From medication label)	Method of Administration:
Start on:                      Last Day:	Time of Day: (ex 12:30pm)
Other Instructions:	
Side Effects to be Aware of:	

I authorize this day nursery to administer the medication named above to my child and I certify that the instructions given are as recommended by a physician.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

Sheet prepared by:				Sheet No:
Date	Time	Amount Given	Child's Name Printed	Staff Signature

Instructions for staff:

- 1) Write STOP after last date/time.
- 2) File at the office after completion

Medication Returned to the Parent/Guardian \_\_\_\_\_ (Staff Signature) \_\_\_\_\_ (Date)

