

Medication Permission Form- Prescription and Non-Prescription Medications

Name: _____ Today's Date: _____

Dosage Amount: _____

Time(s)/Day(s) to be administered: _____

I give my approval for Discovery Place to be administer the following medication to my child which I have provided:

Name of Medication*: _____

*Discovery Place will need to obtain and follow written instructions from a licensed Physician or dentist prior to administering **each prescription medicine**. Medicine with the child's name and current prescription information on the label constitutes instructions.

Purpose of Medication: _____

Specific Instructions: _____

Parent/Guardian Signature: _____ Date: _____

For Office/Staff Use Only- Form good for one week only. Medications that need to be administered longer than one week should be completed on the Long-Term Medication Form.		
Medication was administered the following days and times:		
Date:	Time:	Staff Initials:
Date:	Time:	Staff Initials:
Date:	Time:	Staff Initials:
Date:	Time:	Staff Initials: