

**GREAT BEGINNINGS CHRISTIAN CHILD CARE CENTER
MEDICATION FORM**

We must have permission from the parent/guardian to administer any medication. Prescription medication shall have the pharmacy label indicating the physician's name, instructions, and name and strength of medication, and shall be given in accordance with those instructions.

Any "over the counter" medications that states "you must consult a physician if the child is under the recommended dosage age/weight" will need a form signed by a physician, before we can administer the medication.

Great Beginnings Christian Child Care Center has my permission to give the following medication to my child.

NAME: _____

DATES TO BE GIVEN: _____

MEDICATION: _____

TIME TO BE GIVEN: _____

AMOUNT TO BE GIVEN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: ____/____/____

DR. SIGNATURE (IF NEEDED): _____

DATE: ____/____/____

(FOR DAYCARE USE)

DATE

TIME

SIGNATURE

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