Medication Consent

I authorize The Children's Workshop & Child Care Connection to administer

_____ to _____
Name of medication Child's Name

Dosage_____

Time/Times to be given _____

Start Date_____ End Date:_____

_____ _____
Parent/Guardian Signature Date

**ALL medication must have child's name & dosage clearly marked and be in the original bottle
**Only one medication per form
** Nebulizer treatments require a physician's note

Date	Temp	Med Time	Dose	Medication Name	Initial	Time Parent Called

Note: A standard order of non-aspirin/aspirin can be administered if dates and times of medicine is signed and dated.