

PERMISSION TO ADMINISTER MEDICATION FORM



Child's Name		Date of Birth		Educator's Name	
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- Parent/Guardian must complete the relevant information prior to the educator administering the child's medication
- Educator to sign after administering medication

To be completed by the Parent/Guardian							To be completed by the Educator						
Name of Medication	Last Administered		To be Administered or circumstances to be administered		Dosage to be administered	Method of Administration	Signature of Parent or Guardian	Medication Administered		Dosage Administration	Method of Administration	Educator's Signature	Parent/Guardian Initial
	Time	Date	Time	Date				Time	Date				