



ALMONTE DAYCARE CENTRE & SCHOOL AGE PROGRAMS

Medication Form

Where the Almonte Daycare Centre and School Age Programs agree to administer medications to a child in care, the "Medication Form" must be completed in full by the parent or guardian. Medication must be in original container.

Record child's name, dose and time in Daily log.

Child's Name:	Name of Medication:
Start Date: / /	Finish Date: / /
Dose:	Method:
Time(s) to be administered	
Date of Purchase: / /	Expiry Date: / /
Reason for Medication:	Storage:

DATE	TIME	DOSE	CHILD'S NAME	STAFF SIGNATURE

Write STOPPED after last date medication is given.

I authorize the staff of the Almonte Daycare Centre and School Age Programs to administer the above medication as instructed by a physician.

Date

Parent/Guardian Signature

DATE	TIME	DOSE	CHILD'S NAME	STAFF SIGNATURE

Write STOPPED after last date medication is given. Record in Daily Log