



Where the Mississippi Mills Childcare Services 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.*

Child’s Name: _____

Name of Medication:	Start Date:	Finish Date:
Times to be administered:	Dose:	Purchase Date:
Reason for medication:	Storage:	Expiry Date:

****STAFF USE ONLY****

DATE	TIME	DOSE	CHILD’S NAME	STAFF SIGNATURE

*Write “STOPPED” after last date medication given

I authorize the staff of Mississippi Mills Childcare Services to administer the above medication as instructed by a physician.

Parent Name

Parent Signature

Date