



**City Hall Child Care Society**  
A NON-PROFIT CENTRE FOR EARLY LEARNING & DEVELOPMENT

**PERMISSION TO ADMINISTER MEDICATION**

I hereby give permission to staff at City Hall Child Care Society to Administer the medication I have provided in it's original container to my child. I understand that staff will administer the medication as indicated by the prescription label attached to the medication container or as noted on a message provided by a physician.

City Hall Child Care Society accepts no responsibility for any adverse reactions suffered by a child as a result of any medication administered with the consent of a parent / guardian and when the policy & procedures were properly followed.

<b>CHILD'S NAME (first &amp; last)</b>	
<b>REASON FOR MEDICATION</b>	

**Prescribed Medication**

<b>Name of Physician</b>	
<b>Physician's Telephone #</b>	
<b>Name of Medication</b>	
<b>Prescription Number</b>	
<b>Start Date (dd/mm/yyyy)</b>	
<b>End Date (dd/mm/yyyy)</b>	
<b>Dosage of Medication</b>	
<b>Time to Administer Medication</b>	

**SIGNATURE of PARENT or GUARDIAN** \_\_\_\_\_

**DATE (dd/mm/yyyy)** \_\_\_\_\_



**Non Prescribed medication must include doctor's note**

<b>Name of Physician</b>	
<b>Physician's Telephone #</b>	
<b>Name of Medication</b>	
<b>Start Date (dd/mm/yyyy)</b>	
<b>End Date (dd/mm/yyyy)</b>	
<b>Dosage of Medication</b>	
<b>Time to Administer Medication</b>	

**NAME & SIGNATURE of PARENT or GUARDIAN** \_\_\_\_\_

**DATE (dd/mm/yyyy)** \_\_\_\_\_