

THE CARING CENTER, INC.
3101 Spring Garden Street
Philadelphia, PA 19104
215-386-8245

PERMISSION TO ADMINISTER MEDICATION

Instructions:

Please complete this form in its entirety, and leave it along with medication with the receptionist. This form will be copied and given to class and the original placed in your child's files.

Child's Name _____ Class _____

Staff Names being given authorization _____

Medication (s) Name (s) _____

Illness for which being treated _____

Dosage to be given: _____
(I have supplied the necessary utensil.)

Times of day: (circle one or both) 12 noon 4:00 P.M.
***(Any other time requires approval from Executive or Associate Directors)**

Medication is to be given for ____ consecutive days, not to be given after ____/____/____.

I understand that no medication will be administered unless:

- ***It is brought to The Center in the original container; with the original label stating the name of the child; name of the physician; name of the medication; amount, time and frequency of the dosage, and the pharmacist name and address.***
- ***The proper dispenser (spoon, dropper, etc) is provided by the parent.***

I understand that medication left at The Center over the weekend is being left at my/our own risk.

Date: _____

Signature: _____
(Parent or Legal Guardian)

