Mini Texans
Christian Learning Center

Medication Permission Form

Please Administer the Following Medication to:

Child's Name: _____ Child's Birth Date: _____

☐ Prescription ☐ Non-Prescription

Date Brought to Center: _____
Name of Medication: _____
Doze to be Administered: _____
Hour(s) / Day(s) to Administer: _____
(Reminder: Medicine is administered at 11:00 am and 3:00 pm)
Continue this medication until (Date): _____

If Prescription:
Prescribing Physician: _____
Prescription Number: _____

Note: Medicine must be in original container with Child's name clearly written Non-Prescription medicine: if age of child requires "consult physician". A written approval from child's physician must be secured before administering medication.

_____ _____
Parent's Signature Date

And, if applicable

_____ _____
Physician's Signature Date

Do not write below this line, CAREGIVER"S USE ONLY

Medication Log

Date	Time	Dosage	Admin By:

Returned to child's parent (date) _____ or thrown away (date) _____.

Note: New from should be used for each cycle of medication. File the completed form.