

MEDICATION PERMISSIONS & RECORDS

MEDICATION PERMISSION AND RECORD

I _____ have determined that _____ is competent to give or apply medication to my child. I understand that the Child Care Center Staff and Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child.

Medication Name: _____ Dosage to be given: _____

Route to be given: Oral, Topical, Inhalant or Instillation Other: _____ Dates to be given: _____
Times to be given: _____

Child's Name: _____

Date: _____ Parent/Guardian Signature: _____

[illegible]



HASTINGS FAMILY YMCA

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