



Prescription Medication Permission Form

Child's Name: _____ Date: _____

Name of Medication: _____

Condition for Administering the Medication:

Amount to be administered: _____

Time(s) to be administered: _____

Refrigeration Necessary: (Circle One) Yes No

Possible Adverse Reactions: _____

Policy on the Administration of Medicine:

The staff of ABC Growing Tree will administer medication only after we receive this form filled in completely and is signed by parent/guardian.

All prescription medications must contain the following:

- Child's name
- Name of medication
- Pharmacy label
- Date it was prescribed
- Directions for its administration

Parent/Guardian Signature

Date