



## ADMINISTRATION OF MEDICATION CONSENT FORM

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage of Medication \_\_\_\_\_

Times to be given by Caregiver \_\_\_\_\_

Name of Illness or Condition \_\_\_\_\_

Any possible side effects that you have been aware of by your Physician or Pharmacy?

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### Staff use only

DATE	TIME	DOSAGE GIVEN	ADMINISTERED BY

I hereby give permission/authorization for the staff at Stardom Childcare to administer the medication according to the above instructions. The dosage is consistent with the recommendations by our Physician or Pharmacist. I accept the responsibility of supplying the current & correct medication in it's original container and is specifically for the child named. I agree to submit a new consent form if there are any changes in the medication that is to be administered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_