Administration of Medication Consent Form
Stardom Childcare

Child's Name: _____

Physician's Name: _____ Phone: _____

Pharmacy Name: _____ Phone: _____

Medication: _____ Prescription #: _____

Dosage of Medication: _____

Time given by parent: _____

Time to be given by caregiver: _____

Any possible side effects that you have been made aware of by the physician or pharmacy?

_____

_____

_____

I hereby give permission and authorize the staff at Stardom Childcare to administer the medication in the dosage stated above. This dosage is consistent with the recommendations of the Physician and/or Pharmacy. I accept the responsibility of supplying the current correct medication in its original container, and I agree to submit a new consent form if there is any change in the medication to be administered.

_____ _____ _____

Signature of Parent/Guardian Date Phone

Caregiver's Administration Record Chart:

Date	Time	Dosage given	Administrated by