



PARKGATE CHILD AND FAMILY CENTRE

Operated by Parkgate Community Services Society
3625 Banff Court, North Vancouver, B.C., V7H 2Z8 Telephone: 983-6350 Fax: 983-6357
www.myparkgate.com

PERMISSION TO ADMINISTER MEDICATION FORM

Date: _____

I hereby give my permission to the staff of _____ to administer:
(name of Childcare Program)

_____ (name of Medication) _____ (prescription Number)

to my child _____ according to the instructions and doctor's orders as .
(name of child)

as indicated on the medication bottle/vial.

Signature of Parent/Guardian _____

MEDICATION RECORD

Child's Name: _____
(Surname) (First Name)

Physician: _____ Date Commenced: _____

Table with 5 columns: DATE, TIME, DOSAGE, COMMENTS, STAFF SIGNATURE. Multiple empty rows for recording medication administration.

NOTE: One form for each child's prescription or refill is required. Completed forms are filed in child's file.

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