



Licensed Childcare Centre

## Medication Form

Child's name: \_\_\_\_\_

I hereby give permission to Hellokids Childcare Centre to administer the over the counter preparations/prescribed medication listed below in accordance with the directions for use listed on the container.

Specify name brand, frequency, and duration of use:

I release the above named daycare provider from any liability from administrating this product.

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

All items must be supplied by parents in original container clearly labeled with the child's name. If items are prescribed by a physician, a copy of prescription must be submitted to us.



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