Prescription Medication Consent and Log

Child's Name:

Date:

I give permission to my childcare provider, _____, to administer the following medication to my child. I will not hold my provider liable in the event of reactions or complications arising from my child receiving this medication.

Parent Signature: _____

Name of Medication: _____

Reason for Medication: _____

Start Date _____ Finish Date _____

Times for each dosage: _____ am or pm _____ am or pm

Amount per dose: _____

Dosage Log

Date	Time	Dose	Signature	Comments