Bright Beginnings Child Care

285 Seminary Street

Roanoke IN 46783

Medication Permission and record for _____

Child's Name

Medication Name_____Prescription #_____

Physician_____Please administer(dose)_____

At(time)_____on(dates)_____

Starting(date)_____Special instructions_____

Parent/Guardian signature

Date	Time	Amount	Given By(Signature)