

Child's Name \_\_\_\_\_

**Medication Information**  
(One Medication per form)

Medication to be given \_\_\_\_\_ Prescription # \_\_\_\_\_

Medical Reason for Medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Special Instructions \_\_\_\_\_

Date medication Started \_\_\_\_\_ Last Date medication to be given \_\_\_\_\_

Dosage to be given \_\_\_\_\_ Times to be given \_\_\_\_\_

I hereby give permission to Grandma's Place Child Development Center to administer the above medication as instructed.

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

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## Medication Schedule

[illegible]

[illegible]