Child Care Facility N					DCD - A/N Form 12A-r
l give permiss		sion to Adm child to be gi			ation:
Child's Nar	ne:				
Name of Medication					Date:
					□ Refrigerate
Dates to be Give	en:				
Times to be Give					<u> </u>
Special Instructio	ns:				
Possible Reactio	ns:				
Parent's Signatu				D - 1 - 1	
Moi	nday	uesday V	Vednesday	Thursday	Friday
Medication:					
Dosage: Date:					
Times:					
Facility Staff's Signature:					
*** R	ETURN MEDICA	ATION TO PAREN	T UPON COMPL	ETION *** Re	vised Sample 9/99
Child Care Facility No. I give permiss Child's Nar	Permiss ion for my	sion to Adm	ninister Me	edication	DCD - A/N Form 12A-r ation:
Name of Medicati	on:	Expiration Date:			
					□ Refrigerate
Dates to be Giv	-				
Times to be Giv	en: <u>(</u>)	() ()
Special Instructio	ns:				
Possible Reactio	ns:				
Parent's Signatu	ıre:			Date: _	
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Dosage:					
Date:					
Times:				1	