PUMPKIN PATCH CHILDCARE & LEARNING CENTER INC.

Medication Permission Form

Parent Se	ction						
I			((legal pare	nt or guardian	's name) authorize th	e Pumpkin Patch Staff to ions and the schedule listed
administer below.	the medica	tion(s) liste	ed below to	my child	according to the	he medication directi	ions and the schedule listed
Child's Name:				Child's Age: Classroom:			sroom:
Parent/Guardian Signature:					Date:		
Medication Name			Dose		Start & End Date	If As Needed, Complete Form Below	Times to be Given (if "As Needed" medication, please complete form below)
Possible Sic	le Effects:						
Please No				-		quired to follow the ding administer over the c	
For Meds on as needed basis, complete daily			Record of Medication Administration				
Dates Needed	Times Needed	Parent's Initials	Dates Given	Times Given	Dose	Medications Given	Medications Given By:

I have verified that no medications have expired (staff signature)