

THE CANDY FACTORY DAY CARE

1411 Bloor street West, Toronto, Ontario M6P 3L4 • Tel: (416) 537-4154 • Fax: (416) 537-2740

ONGOING MEDICATION FORM

(*Tempra, children's Tylenol, ect.*)

PARENT CONSENT FORM FOR ONGOING MEDICINE

I, _____ hereby with _____ authorization, give my
permission for _____ day care Provider to administer the following
medication _____ to my child _____.

Parent's name)

(Doctor's name)

(Provider's name)

(Medication name)

(Child's Name)

Dosage)

(times per day)

From _____ to _____ Storage of Medication _____

_____ Date

_____ Parent Signature

Please indicate below the dates and times given daily

DATE	TIME	Initials	DATE	TIME	Initials	DATE	TIME	Initials

If child is absent please use A
All unused Medications must be returned to the parents