

# THE CANDY FACTORY DAY CARE

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## Medication Form Only doctors prescribed drugs

I \_\_\_\_\_ hereby give permission for \_\_\_\_\_  
Parent/Guardian Caregiver's name

To give my child \_\_\_\_\_ the following medication,  
Child's name

According to my direction 1. \_\_\_\_\_, at the rate and amount as listed:

1.) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Medicine amount times per day date date

2.) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Medicine amount x per day date date

\_\_\_\_\_  
Parent/ Guardian signature

Please indicate below the dates and times medication is given daily

### Medication (1)

### Medication (2)

Date	Amount	time	initials	Date	Amount	time	initials

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