THE CANDY FACTORY DAY CARE

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

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

Revised January 2010