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
(Parent's name) (Doctor's name)
permission for _____ day care Provider to administer the following
(Provider's name)
medication _____ to my child _____.
(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

Revised January 2010