Medication Permission Form

Roots & Wings Childcare and Learning Center shall administer medications for children only when requested by the prescribing physician. Each container shall be childproof and carry the name of the medication, the name pf the person for whom it is prescribed, the name of the prescribing physician, and the physician's instructions. Each child's medication shall be stored in its original container. No medication shall be transferred between containers. This is in compliance with state and federal laws.

Child's Name_____

Prescription Name & Number _____

Pharmacy Name _____ Phone _____

Doctor's Name _____ Phone _____

Condition requiring medication _____

Amount to be taken _____ Time of day _____

Dates to be administered: From _____ To _____

Possible adverse reactions _____

Refrigeration necessary YES / NO

Parent Signature _____

Date	Time	Reaction	Initals