

## CONSENT FOR ADMINISTRATION OF MEDICATION FORM

I, \_\_\_\_\_, hereby give permission for staff at Merry Pop-ins Childcare Centre to administer medication that is prescribed or recommended in writing by a physician to my child \_\_\_\_\_.

I have also explained to a staff member how to administer the medication and the appropriate dose of the medication. I have also provided the centre with the written instructions on how to administer the medication, the correct dosage and information regarding signs of an allergic reaction.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian