

## MEDICATION PERMISSION SHEET

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**Child's Name** \_\_\_\_\_ **Parent/Guardian's Name** \_\_\_\_\_

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<b>Medication Name</b>	Condition Prescribed For	Side Effects (sun sensitivity?)
Dates Start/End	Dosage Amount	Times Administered
Pharmacy (if applies)	Phone #	Rx #

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**Dispensary Log**

Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials
Medication/Date/Time/Initials	Medication/Date/Time/Initials

**Disposition of Medication**

Medication Name	Returned to Parents/Disposed of (Circle One)	Date	Initials
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This Form to be placed in the child's folder when medication is complete.  
 Child Care Resource Network a Program of The Job Council