



# Quails' Nest Daycare



## PERMISSION TO ADMINISTER MEDICATION

Child's Name:

(legal last name)

(legal first name)

### MEDICAL INFORMATION:

Family Doctor:	<input type="text"/>	Doctor's phone:	<input type="text"/>
B.C Medical #:	<input type="text"/>		

This letter is to give permission for the staff at QND to administer medication for my child:

My child currently suffers from, or is afflicted with:

The name of the medication to be given is:

The amount of medication to be given is:

The time the medication is to be given is:

Possible side effects include:

Parent/Guardian:

(signature)

date:

day

month

year

QND Provider:

(signature)

Medication was given at \_\_\_\_\_ on \_\_\_\_\_ .

(time)

(date)

QND Provider:

(signature)

Medication was given at \_\_\_\_\_ on \_\_\_\_\_ .

(time)

(date)

QND Provider:

(signature)

Medication was given at \_\_\_\_\_ on \_\_\_\_\_ .

(time)

(date)

QND Provider:

(signature)

Medication was given at \_\_\_\_\_ on \_\_\_\_\_ .

(time)

(date)