WESTWOOD COMMUNITY
CHILD CARE INC.

Medication Approval Form

I give staff at Westwood Community Child Care Inc. permission to administer medication to my child,

_____ as outlined in the following instructions:

Name of Medication:_____

When is medication to be given? _____

How long is the medication to be give to your child? _____

Dosage: _____

Parent's Comments (why is your child on this medication?):

_____

_____

****** PLEASE NOTE: Medication MUST be in the original container at all times. ******

_____ _____

Date Signature of Parent/Guardian

Date	Time	Medication	Dosage	Staff