



## AUGUST HOME DAYCARE

# Medication Form

(As Required)

## **Medication Authorization**

**\* A separate form must be completed for each type of medication administered.**

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times of day to be administered: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Childcare provider name: August Home Daycare

I hereby authorize staff of the above named daycare to administer the above named medication in the dosage and the times of day indicated to the above named child.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year            Month            Day

Signature of parent/guardian

## Medication Record

To use this medication record, list the dates down the left hand column and indicate the times of day that the medication was administered. The person who administers the child's medication must place his/her initials in the appropriate box.

(Termination record on reverse)

## **Medication Termination**

Medication has been terminated on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year            Month            Day

**Signature of parent/guardian**

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Signature of childcare provider

**9 McCormick Cres. Regina, SK**



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