The Lee Wiggins Childcare Centre
MEDICATION PERMISSION FORM

I hereby give an RECE staff member of the Lee Wiggins Childcare Centre (LWCC) to administer prescribed medication to my child as outlined below. Topical creams may be administered by staff.

______________________________ ______________________________ ______________________________

Parent Signature **Staff Signature** **Date**

Child's Full Name: ____
Doctor's Name: ____
Name of Medication: ____
Date Medication Prescribed and Expiration Date: ____
Instructions for Administration of Medication: ____
Instructions for Storage of Medication: ____
Times Medication Administered by Parent: ____
Times Medication Administered by LWCC: ____
Dosage Administered to Child by LWCC RECE Staff: ____

Date	Times Administered	Dosage Administered	Staff Signature

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