



# Canyon Rim Children's Center, Inc.

*"Dedicated to the individuality of children."*

## **PRESCRIPTION MEDICATION PERMISSION FORM**

Medication may only be given to a child with a Doctor's prescription and the written permission of the child's parent(s).

The Director has the option to determine if the center will assume responsibility for administering any medications to an enrolled child.

Upon agreement between the Director and parent/guardian, a completed and signed Medication Permission Form (see attached) must accompany the prescribed medication and be placed on file with the center.

All approved medications must be given to center in the original container/package. The prescription must indicate dosage, frequency and any potential side effects.



# Canyon Rim Children's Center, Inc.

*"Dedicated to the individuality of children."*

## MEDICATION PERMISSION FORM

<b>Child's Name:</b> (Please print/type)		<b>Date</b>
<b>Name of Medication:</b>		<b>Expiration Date</b>
<b>Reason for the Medication</b>		
<b>Instructions for Administration</b>		
<b>Dosage, Frequency &amp; time</b>		
<b>I/we request the medication described above be administered as prescribed, to my child by the designated staff of Canyon Rim Children's Center, Inc.</b>		
<b>Parent Signature</b>		<b>Date</b>
<b>Parent's Name</b> (Please print legibly or type)		<b>Contact Number</b>
<b>Pharmacy</b>		<b>Phone</b>

### To be completed by the staff member administering the medication.

Note the date, time, and dosage. Signature and printed name of staff is required each time the medication is administered.

Date & Time	Dosage	Signature & Printed Name

**Medication returned to parents on:**

The form and any additional pages must be placed in the child's file when the medication is terminated. (Attach additional pages if necessary.)