

Clay Early Childhood Programs Medication Consent Form

Child's Name: _____ Date: _____

Prescription: _____ (must be in its original container)

Non-Prescription: _____

I, give permission to Clay Early Childhood Programs to administer _____
of _____ to my child at _____
name of medication dose/amount time

Signature of Parent or Guardian

Each time medication is administer please fill out below:

Date: Amount: Time: Signiture of staff administering medication:
