Kids We Love Childcare
Administration Of Medication Form

I hereby authorize Kids We Love Childcare or Sally Montaseri, my child's care provider, to use the following medication on my child according to manufacturer's or physician's written instructions. I will not hold the above named provider liable for any allergic reactions or other symptoms when the medication is used in accordance with these terms.

Parent Signature _____ **Date**_____
(mm/dd/yyyy)

Child's Name: _____

Name of Medication: _____

Dose to be given: _____

Time/s to be Administered: _____

Date Medication Began: _____

Date Medication is to be discontinued: _____

Date	Time for Dose	Amount Given	Parent Signature