



Santa Fe Centers

1441 & 1496 Springfield Ave

New Providence, NJ 07974

(908) 665-1235 • Fax (908) 363-1881

Email: santafechildcare@verizon.net • Website: www.santafecenters.com

PERMISSION FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

(Please use one form per medication.)

Child's name: _____ Birthdate: _____ Weight: _____

Medication: _____ Allergies: _____

Include food and/or medication allergies

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End date _____

Signature of Parent

Date

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to Child Care: _____

Date: _____

Signature of Parent or Guardian

Date & amount of medication returned to Parent: _____

Signature of Director/Director Designee

Signature of Parent/Guardian