

**U OF T EARLY LEARNING CENTRE-
CONSENT TO ADMINISTER MEDICATION FORM**

MEDICATION AUTHORIZATION:	MEDICATION ADMINISTRATION RECORD				
	DATE	TIME	DOSAGE	STAFF SIGNATURE	NOTES
Child's Name:					
Name of Medication:					
Date Medication Prescribed:					
Prescribing Physician (name):					
Date to Start Administration:					
End Date (or expiry of medication):					
(Form must be renewed annually if on-going)					
Dosage:					
Time(s) of Administration:					
Special Instruction/Side Effects,etc.:					
Storage Requirements/Notes:					
Parent Signature:					
Date:					
Staff Signature / Date (completing intake):					