

## DAYCARE SERVICES OF THE CITY OF CLARENCE-ROCKLAND AUTORISATION TO ADMINISTER A MEDICATION

SECTION RESERV				
(Print child's name)	(Name of the daycare)			
I autorise the employee responsible of my				
Print the name of the medication	Reason			
Starting date:E	Effective until:	CHILD PICTURE		
Follow these instructions:				
Dosage: Adm	ninistration time:			
Storing: Side	e effects			
Stop administrating the medication if you see the following reactions:				
Date Parent	/tuteur's signature			

SECTION RESERVED TO EMPLOYEES OF THE DAYCARE SERVICES				
ADMINISTRATION OF MEDICATION FORM				
DATE	HOUR	QUANTITY	EMPLOYEE'S INITIALS	COMMENTS