ANNA'S BANANAS
DAYCARE & PRESCHOOL

Medication Permission Form
From your Physician

Child's Name:_____

I have prescribed the following medications for this child and request that Anna's Bananas Daycare Center administer dosages which are required while this child is at daycare.

Name of Medication:_____

Dosage:_____

Reason for this medication:_____

Dates to be Administered From:_____ **To:**_____

(A date range is REQUIRED and cannot exceed a two week time period for prescription medication)

Possible Side Effects:_____

Physician Signature: _____**Date:**_____

Anna's Bananas Daycare Center has my permission to administer the aforementioned medication to my child as prescribed by his/her physician.

_____

Parent/Legal Guardian Signature **Date**

Date	Time of Day	Amount Given	Staff Signature (legible, first and last name)	Comments