

## Scheduled Medication/Treatment Form

### Medication Authorization

**A separate form must be completed for each type of medication administered.**

Child's Name			
Name of Medication			
Dosage			
Times to be administered			
Start/End Dates	Start		End

I hereby authorize staff of Gwillimbury Hills Day Care to administer the above named medication in the dosage and the times of day indicated to the above named child. I release Gwillimbury Hills Day Care and its employees from any liability, however caused, arising out of administering, or failure to administer, the medication provided herein.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
           Year    Month   Day

\_\_\_\_\_ Signature of parent /guardian

### Medication Record

To use this medication record, please follow the following legend under the date section and initial. If medication is administered as indicated above staff are required to initial and date.

A	ABSENT
H	HOLIDAY
M	MISSED

Administration Times	Monday	Tuesday	Wednesday	Thursday	Friday
Times	Monday	Tuesday	Wednesday	Thursday	Friday
Times	Monday	Tuesday	Wednesday	Thursday	Friday

Medication Record reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director's Signature: \_\_\_\_\_