



WEST END HOME CHILD CARE SERVICES

1411 Bloor Street West, Toronto, Ontario M6P 3L4 • Tel: (416) 537-4154 • Fax: (416) 537-4154

Medication Form

Only doctors prescribed medicine, or non prescribed medicine accompanied with doctor's note
(*Children's Tylenol, Advil ect.*) will be administered to children

I _____ hereby with _____ authorization, give my
Parent's name) (Doctors name)

permission for West End Home Child Care provider to administer to my child _____
Child's name

the following medication, according to the doctors direction at the rate and amount as listed:

- 1.) _____ from _____ to _____
Medicine amount times per day date date
- 2.) _____ from _____ to _____
Medicine amount x per day date date
- 3.) _____ from _____ to _____
Medicine amount x per day date date

Parent/ Guardian signature

Medicine Name	Date	Amount	time	initials	Medicine Name	Date	Amount	time	initials

If child is absent please mark A
Any unused medication must be send home.
Providers must attach complete medication forms to monthly attendance sheet.
Medication forms must be kept in file for three years