



2026-28 W. Belmont Ave
Chicago, IL 60618
(773) 270-4696

MEDICATION CONSENT FORM

This form must have a written physician's note in order for the child to receive medication.

Name of child: _____

Name of medication: _____

Dosage: _____

Dates needed to administer medication: _____

Times needed to administer medication: _____

I, _____, (parent or guardian) give permission

to Children's Creative Center to administer medication to my child as indicated above.

Parent/Guardian Signature: _____ Date: _____