



**MEDICATION CONSENT FORM**

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

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: \_\_\_\_\_