



Little Hands Children's Learning Centre Inc.

#1: 824 Thompson Road (OCB), Milton ON, L9T 9H2.

Tel: 905-864-6635 ext. 1

#2: 824 Thompson Road (CYC), Milton ON, L9T 9H2.

Tel: 905-864-6635 ext. 2

MEDICATION AUTHORIZATION FORM

**This form is to be completed by the parent of a child who is requesting that a drug or medication be administered during the hours that the child receives care.

Child's Full Name: _____

Name of Medication: _____

Date Dispensed/Date of Purchase: _____ Expiry Date: _____

Date Medication to start being given by Little Hands: _____

End Date: _____

Use the Following Instructions:

Dosage: _____ Time(s) of administration: _____

Storage: _____ Side Effects: _____

Stop the medication if the following reaction(s) is observed: _____

Parent/Guardian Authorization Statement:

I hereby authorize the administration of the above named to _____ (child's name) by Little Hands Children's Learning Centre Inc. following the procedures I have provided on this form.

I understand that expired drugs/medications will not be administered to my child at any time in accordance with the Little Hands Children's Learning Centre Inc.'s Medication Policy.

I understand that staff at Little Hands Children's Learning Centre Inc. are not medically trained to administer drugs and medications.

Guardian's Signature: _____ Date: _____

LITTLE HANDS RECORDS ONLY:

Staff accepting Medication Authorization Form: _____ Date: _____