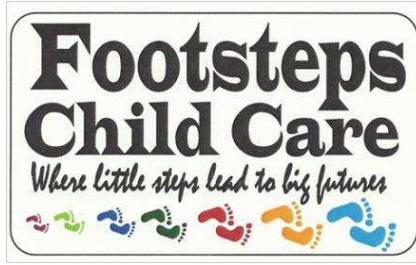


Formerly Cipriani After-School Care, Inc.



## Parent's Medical Consent Form

I, (parent's name)  give permission to Footsteps Child Care to give my child (child's name)  the following medicine (name of medicine)  on (dates)  at (times)  am /pm in the amount of (dosage)  by (method of use, or location on body to be used) . Please watch for the following possible side effects .

Name of prescribing physician:

Physician's telephone number:

Initial each line to indicate that you have read and understand the information stated.

All prescription medications must be in the original prescription bottle, with the prescription label attached.

For non-prescription medications—If your child's age and weight are not on the container, we must have a doctor's note to verify correct dosage for the medication.

I have labeled my child's medication and dosage container.

Parent's Signature:  Date:

Date	Time	Medication	Dosage	Reactions	Teacher's Signature