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

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