



Rising Loving Learning Childcare
■ 306-713-9422 | ✉ ■ rlovingdaycare@gmail.com

AUTHORIZATION FOR MEDICATION

I authorize Rising Loving Learning Childcare to administer the following medication to my child as prescribed or as per the instructions below:

Child's Full Name:	
Parent/Guardian Name:	
Medication Name:	
Dosage and Instructions:	
Purpose of Medication:	
Start Date:	
End Date:	
Possible Side Effects:	

Medication must be in its original container, clearly labeled with the child's name. Parents must hand the medication directly to the provider and retrieve it daily. Fever-reducing medications will not be administered.

Parent/Guardian Signature: _____ Date: _____
Staff Receiving Medication: _____ Date: _____