"Good Beginnings Last Forever"

EMMANUEL BAPTIST CHILD DEVELOPMENT CENTER
MEDICATION PERMISSION

Date:_____

Child's Name:_____

Physician's Name_____

I give the staff of Emmanuel Baptist Child Development Center Permission to give the following medication to my child.

Medication & Strength_____

Dosage:_____

Time to be administered:_____

Parent Signature:_____

TIME ADMINISTERED	ADMINISTERED BY	PARENTS INITIALS