Hillcrest Children's Center
272.9924; fax 272.9923; hillcrest@gci.net

I authorize Hillcrest Children's Center to administer medication to _____.
Medication Instructions:

_____ _____
Name of Medication Dosage

_____ Refrigeration required: YES____ No_____
Time to be administered:

I understand that this form is only good for one day and I will resubmit a form if medication is still needed after one day. Any non-prescription medication given more than 4 consecutive days requires a physician's order. All medication needs to be in the original bottle/container and any prescription medication must have the child's name on it.

Parent Signature _____ Date _____

Date and Time of Administration _____

Staff Signature who administered _____

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