CHRIST LINCOLN CHILD CARE & PRESCHOOL MEDICATION PERMISSION AND RECORD

Date	Medication	Dosage	Time of next Dose	Reasons/Route for Administering Medication	Parental Approval (Signature)	Amount & Route administered	Staff Signature	Time & Date Administered	
									CHILD
									DOB
									WEIGHT

10/2018

A signed Medication Competency Statement is on file for my child in the administrative office. Parent initials & date: _____