



PERMISSION TO ADMINISTER MEDICATION (PAM) Child Care Services
 T: 250-704-8880 F: 250-704-8888
 E: childcare@camosun.ca

Child Name	Centre Name	Date
Medication to be Administered	Prescription Number	

I hereby give permission to Child Care Services to administer the medication listed above
 ... According to the health practitioner's orders and instructions as noted on the prescription bottle or vial (for prescription drugs)
 ... According to the following instructions for (prescription drugs)

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Parent Name	Signature	Date
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Centre use only
 MEDICs . EMC /P 945(IJ EO)4(IN)9(n)4(IR)-2ECJ EOIR



PERMISSION TO ADMINISTER Child Care Services
MEDICATION (PAM)
T: 253704880 F: 253704888
E: childcare@camosun.edu

Child Name	Date
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Date	Time	Dosage	Comments	Staff Signature

