



PERMISSION TO ADMINISTER MEDICATIONS (PAM)

Child Care Services

T: 250-370-4880 F: 250-370-4888

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 to my child:

- 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 (non-prescription drugs):

Parent Name	Signature	Date
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Centre use only
MEDICATION RECORD

Child Name	Health Practitioner Name
Medication Name	Prescription Number
Date Commenced	Date Stopped

Date	Time	Dosage	Comments	Staff Signature

NOTE: Use one form for each medication dispensed. Completed form is to be filed in child's file.



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