



PERMISSION TO ADMINISTER MEDICATION (PAM) Child Care Services
 T: 250 704 880 F: 250 704 888
 E: childcare@camosun.ca

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|-------------------------------|---------------------|------|
| 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 |
|-------------|-----------|------|

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



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| | |
|------------|------|
| Child Name | Date |
|------------|------|

| Date | Time | Dosage | Comments | Staff Signature |
|------|------|--------|----------|-----------------|
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