



Resurrection

MINISTRIES

Wee Care Preschool

MEDICATION PERMISSION FORM

*The Wee Care Staff will administer prescription medication properly marked & in its original container.
Over the counter medication will be administered with a doctor's prescription.
Please hand all medication to a teacher for proper storage, inaccessible to children.*

PHYSICIAN PRESCRIBED

**The instructions for the child's medication shall not conflict with the label directions as prescribed by the child's physician.*

Child's Name: _____ Date: _____

Medication: _____ Dosage: _____

Date of last dosage to be given: _____ Time: _____

Reason for Medication: _____

Physician: _____ Phone #: _____

Times to be given: _____ Special Instructions: _____

Parent Signature

Date

"Connecting People To Christ"

An Outreach of The Lutheran Church-Missouri Synod
925.634.5180 | Website: www.rezministry.org