I			give permission for RRC	
Early Childhood	Centre Inc. to give	e my child		
The following me	edication:			
Name of Medica	ution			
Amount of Medi	cation to be given			
Time of day to b	e given			
How many days	will we give medi	cation?		
Expiry of Medica	ation			
Signature				
Staff Use				
Dose/Amount given	Time given	Date given	Staff signature	
Biveir	Time give			