



EXTENDED HOUR ENRICHMENT PROGRAM  
 1299 Route 38 West • Hainesport, NJ 8036  
 (609) 518-PLAY

## INDIVIDUAL PERMISSION FOR MEDICATION OR HEALTH CARE PROCEDURE

Child's Name: \_\_\_\_\_

Child's Condition:

___ Cold	___ Sore Throat	___ Rash	___ Ear Infect.	___ Headache	___ Nausea	___ Stomach Ache
___ Injury	___ Allergy	Other _____				

Name of medication/procedure: \_\_\_\_\_

\_\_\_\_\_ Prescription      \_\_\_\_\_ Non-Prescription      \_\_\_\_\_ Doctor's Approval required

Dosage to be administered: \_\_\_\_\_

Time intervals: \_\_\_\_\_

Dates to be administered: From \_\_\_\_\_ To \_\_\_\_\_ Refrigeration necessary: \_\_\_ Yes \_\_\_ No

Special Instructions or precautions: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

I authorize the administration of the above medication, by a Wee Kids ELC staff supervisor or assistant supervisor, to my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

For Wee Kids Administration use only:

Date(s) Administered	Time(s) Administered	Adverse Reaction Observed	Staff Member Initials