Smithsonian Early Enrichment Center
Medication Permission Form

Please fill out the information below if you wish SEEC staff to administer prescription medication to your child. List the dates that medication is to be given. We request that you initial the form each morning that medication is to be given to verify that there have been no changes in the medicine. The staff member giving the medication will also initial this form when the medicine has been given.

Child's Name:_____

Medication:_____

Dosage:_____

Parent Signature:_____

DATES	PARENT INITIALS	STAFF INITIALS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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