

WEST END HOME CHILD CARE SERVICES 1411 Bloor Street West, Toronto, Ontario M6P 3L4 • Tel: (416) 537-4154 • Fax: (416) 537-4154

ONGOING MEDICATION FORM

PARENT CONSENT FORM FOR MEDICATED TOPICAL CREAM

I, (Parent's 1 administer	name)		_ hereby, gi	ve my perm	ission West l	End Home C	Child Care pr	rovider to		
				(cream nai	me)					
					on my child ₋		Child's Name	-)		
						(C	mia s Namo	e)		
As needed	for	/* 1°	10							
		(indicate ne	ed)							
		_								
D	ate	Parent Signature								
Please inc	licate below	the dates an	nd times giv	en daily						
DATE	TIME	Initials	DATE	TIME	Initials	DATE	TIME	Initials		

If child is absent please mark A



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ONGOING MEDICATION FORM

PARENT CONSENT FORM FOR SELF ADMINISTRATION MEDICATION

I,			_ hereby, gi	ve my perm	ission for my	child to sel	f administer	the					
following	medication:												
				(medicatio									
		on my child(Child's Name)											
						(C	inild's Name	e)					
As needed	for	(indicate ne	 ed)										
		(marcure ne	cuj										
Date		_			Parent Signature								
Please ind	licate below	the dates ar	nd times giv	en dailv									
			_	_	1	T = 1 ===		1					
DATE	TIME	Initials	DATE	TIME	Initials	DATE	TIME	Initials					

If child is absent please mark $\underline{\mathbf{A}}$