



the nanny specialist

Permission to administer medication

Date:	Child name:	Name of medication:	When was medication last given:	When is medication to be administered:	Medication administered by:	Dosage administered:	Parent/Guardian acknowledgement:
			Dosage	Dosage		Dosage	
			Time	Time		Time	
			Date	Date		Date	
			Dosage	Dosage		Dosage	
			Time	Time		Time	
			Date	Date		Date	
			Dosage	Dosage		Dosage	
			Time	Time		Time	
			Date	Date		Date	
			Dosage	Dosage		Dosage	
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			Dosage	Dosage		Dosage	
			Time	Time		Time	
			Date	Date		Date	

