



First Class Child Development Center

Medicine Form

Child's Name _____

Medicine _____

(One medicine per form)

Dose _____

(written doctor's instructions required for over the counter medicine for underage)

Date _____

(current week only)

Circle time to be administered 11:30 a.m. 3:30 p.m.

Parent's Signature

	Staff Signature	Date	Dose	Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				