

Physician's Written Consent Form
Trinity Daycare Learning Center
557 Olivina Avenue
(925) 449-5683

Trinity Daycare policy requires a physician's approval in addition to a Parent Consent form for any over-the-counter medicine a parent wishes us to administer to a student attending our center. For the child's safety, Trinity Daycare requires a doctor's signature to approve the appropriate dose for the child. Medications are only administered if a current Parent Consent form is also completed.

Parent instructions: please list over the counter medications your child may need in our care and you wish to keep on file at the school. This form is optional. Please note: a signed doctor's approval must be on file for any over the counter medication administered to your child.

Physician's instructions: please list appropriate dosage and length medication is allowed before seeing a physician.

Child's Name: _____

Age: _____

Weight: _____

MEDICATION:

DOSAGE (amt/time):
(Please circle Dpr. or Tsp.)

Length of time medication
is given before seen by a
physician.

Fever/Pain Medication:

_____ Dpr./Tsp. Every _____ Hrs.
_____ Dpr./Tsp. Every _____ Hrs.
_____ Dpr./Tsp. Every _____ Hrs.

Cough Medication/
Nasal Decongestant:

_____ Dpr./Tsp. Every _____ Hrs.
_____ Dpr./Tsp. Every _____ Hrs.

Allergy Medication:

Benadryl

_____ Dpr./Tsp. Every _____ Hrs.
_____ Dpr./Tsp. Every _____ Hrs.

Rash Medication**:

_____ Dpr./Tsp. Every _____ Hrs.
_____ Dpr./Tsp. Every _____ Hrs.

**Medications for common diaper rashes other than Desitin, A&D, etc., require a physician's approval.

Parent's Signature: _____

Date: _____

Physician's Name (Print): _____

Phone Number: _____

Physician's Signature: _____

Date: _____