



Imagination Station Medication Permission

A Weekday Children's Ministry of Southport United Methodist Church

Child's Name _____ Date _____

I request the medication described below be given to the above named child. I authorize Imagination Station Child Care personnel to administer the medication and release them from any liability in relation to the administration of this medication. **(All medication must be labeled with child's name and dosage. Please provide a dosage cup for liquids.)** *Parents: Please complete the following information, then initial and sign.*

<u>Parent Initials</u>	<u>Date</u>	<u>Time</u>	<u>Medication</u>	<u>Amount</u>	<u>Method</u>	<u>Administered by</u>
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Signature of Parent/Guardian _____						