## Playtime Learning Academy

## Medication Consent/Modify

Child's Name:	
	on Number:
	1:
	Parent Signature:
Date and Time Medication Given:	Staff Signature:
Pla	aytime Learning Academy
	Medication Consent/Modify
Child's Name:	
	n Number:
Amount of Medication to be given	•
Date:F	Parent Signature:
Date and Time Medication Given:	Staff Signature: