

Medical Consent Form

I, _____ (name of parent/ guardian) give permission for **Sweet Angels Daycare & Preschool (provider)** to give my child _____ (name of child) the following medication _____

for _____ (reason for taking and/or giving medication)

The dosage for this medication is _____ (dosage) to be given _____ (frequency) by _____ (body location and method of use) on the date(s) of: _____.

Side effects to watch out for may include: _____

Special instructions:

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Special instructions:

