



ICS After School Daycare – Medication Administration 2024 - 2025

45 Walmer Road, 416-934-4522, Email: ics.after.school.daycare@gmail.com,
Website: <https://www.jicsfamily.com/icsafterschooldaycare>

Please complete one form per puffer/medication to be administered.

TO BE COMPLETED BY PARENT/GUARDIAN		
Child Name:		
Physician's Name:	Physician's Telephone:	
Physician's Address:		
I authorize the staff of the ICS After School Daycare to administer the medication below to my child as per his/her Physician's prescription.		
Signed:	Name:	Date:
TO BE COMPLETED BY PHYSICIAN		
Condition requiring medication:		
Name of Medication:		
Additional comments (possible reactions, consequences of missing medication, additional instructions for administration of drug, etc.):		
Signed:	Name:	Date: