

THE CUDDLE ZONE LEARNING CENTER

Child's Name: _____

I give my permission to The Cuddle Zone Learning Center, Inc. to give the following medication/treatments on a daily basis:

Times to be given:

Dosage: _____

Attached is a doctor's note stating the dosage that may be given and any other instructions.

Notes: _____

Parent's Signature

Date

Parent's Printed Name

This will be reviewed with you on a monthly basis.

Dates reviewed with parent: _____

