



MEDICATION PERMISSION FORM

PARTICIPANT NAME: _____

Note: Medication should be sent to day care in the current prescription bottle with participant's name and current date on it with dosage instructions. No medication will be accepted in any other container (pill holders, envelopes, etc.).

MEDICATION	RX NO.	DOSAGE	TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the time and dosages of each above listed medication is correct. I agree to notify Director of Successful Living Center in case of any medication changes i.e. added, deleted or dosage adjustments. *(Please submit copy of new prescription signed by physician for all dosage adjustment)*

Caregiver

Date