

DOCTOR'S LETTER OF INSTRUCTION

Under Toronto Children's Services Operating Criteria, childcare providers may not administer non-prescription medications without the written permission from a physician. If you are willing to provide written consent at this time, please complete the following:

Dose

Timing

Medication

| Physician's Name: (please print) | | |
|-------------------------------------|---|-------|
| Physician's Address: (please print) | | |
| Physician's Phone Number: | | |
| | | |
| Physician's Signature: | [| Date: |
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