

PERMISSION TO ADMINISTER MEDICATION IN CHILD CARE
(ONE FORM PER MEDICATION)

To be completed by the child's health care provider with prescriptive authority:

Child: _____ Birthdate _____

Medication: _____

Dosage: _____ Route _____

Time of day medication is to be given: _____

Special Instructions: _____

Purpose of medication: _____

Possible side effects: _____

Start date _____ End date _____

Signature of Person with Prescriptive Authority

Phone #

Date

Print name:

To be completed by the parent or guardian

I hereby give my permission for _____ to take the
(Child's Name)
above medication, in child care, as ordered by the health care provider. I understand that
it is my responsibility to furnish this medication.

Signature of Parent or Guardian

Date

Note: The medication is to be brought to child care in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage. This form must also be filled out completely in order for the medication to be given. This is the Division of Child Care Licensing requirement .