

Permission To Administer Medication in Child Care / School

(one form per medication)

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

CHILD _____ Birthdate _____

Medication _____

Dose _____ Route _____

Time of day medication is to be given _____

Special Instructions _____

Reason for medication _____

Possible Side Effects _____

START DATE _____ END DATE _____

Signature of Person with Prescriptive Authority License Number

Print Name _____

Phone _____ Date _____

➤ To be completed by the parent or guardian

I hereby give my permission for _____
(Child's name)

to take the above medication in this center, as ordered by the health care provider.

I understand it is my responsibility to furnish this medication. I give permission for this information to be used in my child's facility, and for the person administering the medicine or nurse consultant to contact the above named physician by phone, fax, or in writing when necessary.

Parent / Guardian Name Signature

Home Phone _____ Work phone _____

- The medication is to be brought in the original container which clearly states the child's name, the name of the medication, date, time, and dosage. If a prescription, it *also* needs to have the pharmacy name and phone number, licensed health care provider's name, and date medicine is to be stopped.
- This form must be filled out completely in order for the medication to be given. This is a Division of Early Care & Learning Licensing requirement (R&R 7.702.62C).