

Permission to Give Medication in Child Care

(Please use one form per medication)

The Following information is to be completed by the child's health care provider:

Child's name: _____ Birthdate _____ Wt: _____

Medication: _____ Allergies _____
Include food and/or medication allergies

Dosage: _____
Route _____

Time of day medication is to be given _____

Purpose of medication _____

Special Instruction: _____

Possible side effects: _____

Start date: _____ End Date: _____

Signature of Health Care Provider *Phone* *Date*

The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed direction and cautions, from the Child Care Director or the Child Care Director designee. I confirm that I have given at least one does of the medication without any evidence of side effects or adverse reaction. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate does of the medicine.

I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier _____

Amount of medication brought to Child Care _____

Date _____

Signature of Parent or Guardian

Date & Amount of Medication returned to Parent: _____
