



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: _____ Weight: _____

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

Dosage: _____ Route: _____

Time of day medication is to be given: _____

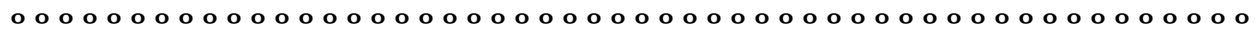
Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End Date: _____

Signature of Health Care Provider **Phone Number** **Date**



I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director's Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. 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 approximate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director's 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: _____

Signature of Director/Director's Designee **Signature of Parent/Guardian**