

Permission To Administer Medication in Child Care / School

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

CHILD _____ Birthdate _____ Medication Allergies _____

Medication _____ (one medication per form)

Dose _____ Route _____

Time of day medication is to be given _____

Special Instructions _____

Reason for medication _____

Possible Side Effects _____

START DATE _____ END DATE _____
(defaults to one year maximum)

Signature of Person with Prescriptive Authority and Title License Number

Print Name _____

Phone _____ Fax _____ 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/school, 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 applicable parties to contact the above named medical provider 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 label and 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).