

PERMISSION TO GIVE MEDICATION IN CHILD CARE

(Please use one form per medication.)

The following information is to be completed by the parent/guardian. If this medication is Over-the-Counter, this form MUST BE completed and signed 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

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 directions and cautions, from the Child Care Director, or whomever the Director designates. 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 appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or the 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

Date:	Time:	Given by:	Reactions/ Observations: