



DAY CARE CENTERS

PERMISSION TO GIVE MEDICATION IN CHILD CARE

(Please use one form per medication)

The following is to be completed by the health care provider:

CHILD'S NAME _____ Date of Birth _____ Weight _____

Medication: _____ Allergies: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purposes of medication: _____

Special instructions: _____

Possible side effects: _____

Start Date: _____ End Date: _____

Signature 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 the Child Care Director 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 appropriate measuring device needed to give the accurate dose of the medication. 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: _____

Signature of Director/Director Designee

Signature of Parent/Guardian