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:	Alle	rgies:	
Dosage:		Include food and/or Route:	r medication allergies
Time of day medication is to be o			
Purpose of medication:			
Special instructions:			
Possible side effects:			
Start date:			
Signature of Health Care Provid **Doctor signature not requi	<i>der</i> red for hand sa	Phone number anitizer, sunscreen, h	Date and lotion or chapstick
The following is to be compl	eted by the par	rent or guardian:	
above medication, according to the Child Care Director designed without any evidence of side eff to provide the medication in its to supply the appropriate measurauthorize the Director or Exprovider for more information in the Director or the Director's Deschild's health, if necessary. I usually do the following to many above medication, according to my above medication in its to supply the appropriate measurements.	e. I confirm that fects or adverse roriginal container uring device need of about this designee to container the giving medication.	eactions. I understand to and labeled with my chiled to give the accurate of the contact the pharmag, if necessary. I also act the health care protection to my child easier:_	chat it is my responsibility ild's full name. I am also dose of the medicine. I macist or health care so authorize the ovider regarding my
Amount of medication brought	to Child Care:		
Date & amount of medication r	returned to Paren	<i>Signature of Parent o</i>	
Date & amount or medication i	Clumba to Farch		
Signature of Director/Director De	signee	Signature of	Parent/Guardian