

# 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: \_\_\_\_\_ DOB \_\_\_\_\_ Wt. \_\_\_\_\_

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 \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
PLEASE PRINT

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

The following is to be completed by the parent or legal guardian:

I hereby give permission for my child, \_\_\_\_\_, to receive the above medication, according to the listed directions and precautions, 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 an accurate dose of the medicine.

I authorize the Director or their Designee to contact the pharmacist or Health Care Provider for more information about this drug, if necessary. I also authorize the Director or their 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: \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

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Date and amount of medication returned to Parent: \_\_\_\_\_

Signature of Director/Designee \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_