

## PERMISSION FOR MEDICATION

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Child Care Facility \_\_\_\_\_ Class \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days it needs to be given at child care facility \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Person with Prescriptive Authority

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Parent / Guardian

I hereby give my permission for \_\_\_\_\_ to take

The above prescription or over-the-counter medication at the child care facility as

ordered. I understand that it is my responsibility of furnish this medication.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\*Note: The prescription medication is to be brought to the child care facility in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority along with a copy of the medication authorization order.

I certify that the above entry is my signature and authorize its use for this document  
(please enter your initials).