

**PERMISSION TO ADMINISTER MEDICATION IN CHLDCARE
(ONE FORM PER MEDICATION)**

To be completed by the child's health care provider with prescriptive authority:

Child: _____ Date of birth: _____

Medication: _____

Dosage: _____ Route: _____

Time of day and number of times per day medication is to be given:

Special Instructions: _____

Purpose of medication: _____

Possible side effects: _____

Start date: _____

End date: _____

Signature of person with prescriptive authority

Phone #

Date

Print Name: _____

To be completed by the parent or guardian

I hereby give my permission for _____ to take the above
(Child's Name)

medication in childcare, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication in the original container, labeled with the child's name. By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Kristi Stieduhar.

Signature of Parent or Guardian

Date

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and the date medicine is to be stopped and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

Please ask the pharmacist for a separate medicine bottle to keep at child care.

Thank you!