

# Permission to Administer Medication in Child Care / School

## To be completed by the child's healthcare provider with prescriptive authority:

CHILD \_\_\_\_\_ Birthdate \_\_\_\_\_ Medication Allergies \_\_\_\_\_

Medication \_\_\_\_\_ (one medication per form)

Dose \_\_\_\_\_ Route \_\_\_\_\_

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

Special Instructions \_\_\_\_\_

Reason for medication \_\_\_\_\_

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

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

(defaults to one year maximum)

\_\_\_\_\_  
**Signature of Person with Prescriptive Authority and Title**

\_\_\_\_\_  
License Number

Print Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

## To be completed by the parent or guardian

I hereby give my permission for \_\_\_\_\_  
(Child's name)

To take the above medication in this center/school, as ordered by the health care provider.

I understand it is my responsibility to furnish this medication. I give permission for this information to be used by my child's facility, and for the person administering the medicine or applicable parties to contact the above named medical provider by phone, fax, or in writing when necessary.

\_\_\_\_\_  
**Parent / Guardian Name**

\_\_\_\_\_  
**Signature**

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

The medication is to be brought in the original container which clearly states the child's name, the name of the medication, date, time, and dosage. If the prescription it *also* needs to have the pharmacy label and name and phone number, licensed health care provider's name, and date medicine is to be stopped.

This form must be filled out completely in order for the medication to be given  
This is a Division of Early Care & Learning Licensing requirement (R&R 7.702.62C).