

Medication Administration Permission in Child Care

The parent/guardian of _____ ask that school/
child care staff give the following medication _____
at _____ to my child, according to the Health Care Provider's signed
instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the Parent/guardian's responsibility to furnish the medication. The parent agrees to pickup expired or unused medication within one week of notification by staff.

Prescription Medications must com in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage and date medicine is to be stopped, and labeled health care provider's name. Pharmacy name and phone number must 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.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date

Work Phone Home Phone

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Health Care Provider Authorization to Administer Medication in School or Child Care

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

To be given at the following time(s) \_\_\_\_\_

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

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

Side effects that need to be reported \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescriptive Authority      License Number

\_\_\_\_\_  
Phone Number      Date