MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY P	ARENT					
I give my permission for		(6)			to give or apply the medication	
		· -	er, Facility)			
(Specify, prescribed medication/over the counter product)				, to my child, as follow (Child's Name)		
DIRECTIONS:						
Date to Begin Giving Medica	tion		2. Date	to Stop Medication		
3. Times Medication is to be Gi	ven		4. Amo	unt (dosage) of Medication Each 1	ïme Given	
5. Storage of Medication			•			
6. Other Directions, if Any	_				_	
Signature of Parent					Date	
TO BE COMPLETED BY THE	CAREGIVER GIVING TH	IE MEDICATION:			_	
DATE	TIME	AMOUNT G	IVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE	
					+	
lt i	s recommended this form	n be reviewed with	the parent ev	very 3 months if the medication is	ongoing.	
LARA is an equal opportunity e	mplover/program					
Auxiliary aids, services and oth	er reasonable accommod	lations are available	e upon reque	est to individuals with disabilities.		

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TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE
		TIME AMOUNT GIVEN	TIME AMOUNT GIVEN CAREGIVER'S NAME