PERMISSION TO ADMINISTER MEDICATION

Date _____

I hereby give my permission to _____ to administer _____
(NAME OF CHILD CARE PROVIDER) (NAME OF MEDICATION)

to_____ .
(NAME OF CHILD IN CHILD CARE)

_____
(SIGNATURE OF PARIENT/GUARDIAN OF CHILD)

Condition for which prescribed: _____ Side effects (if any): _____

Prescription Number: _____ Date of Prescription: _____

Doctor's Name:_____

Medicine to be given: TIME:_____ DOSAGE:_____ FREQUENCY: _____

FROM: _____ TO: _____

The parent may request the pharmacist to fill the prescription in two bottles; one for home use, and the other for the day care home. **Medications must be stored in their original container. The container must have the patient's name, amount to be administered, and date of expiration.**

Medication Log			
Date	Medication Name & Dosage	Time/Initials	