

Permission For Medication

(One Form Per Medication)

Name of Child _____ Age _____

Child Care Facility _____ Grade _____

Teacher _____

Primary Health Care Provider _____

Medication _____ Dosage _____ Route _____

Purpose of Medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at childcare facility _____

Date _____ Phone# _____

Signature of Person With Prescriptive Authority

Note:

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

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Parent/Guardian

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

prescription or over-the-counter medication at the childcare facility as ordered by the health care provider. I understand that it is my responsibility to furnish this medication.

Date _____

Signature of Parent or Guardian

Note:

The prescription medication is to be brought to the childcare facility in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority along with a copy of the medication authorization order.