

# Medication Administration Permission Form

10A NCAC 09 .0803 (centers) and .17209(b) (family child care homes)

Parent/guardian completes, signs, and dates the Medication Administration Permission Form. The person accepting this form must attach the Medication Administration Record(s) to this form.

Permission valid from date:	To date:
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<b>Only complete this box if the medication is for a child who has a chronic medical condition or an allergy</b>
<input type="checkbox"/> This document is written permission to administer this medication for up to 6 months.
Specific chronic medical or allergic condition: _____
Child has an: <input type="checkbox"/> Medical Action Plan (required)

Child's full name:	Date of birth:
Medication name:	Expiration date:

**When to give medication (choose one):**

<input type="checkbox"/> Give medication on these specific dates and times:
<input type="checkbox"/> Give medication as needed. List the specific symptoms or circumstances needed to give the medication and how often it can be given. Ex. If Suzy has a rash and is scratching it, apply this ointment to the rash. Wait at least 6 hours before reapplying.

Dosage (how much medication to give):
Route (how to give the medication):
Special instructions on how to give medication:
Possible reactions or side effects:
<input type="checkbox"/> Child has received at least one dose of medication at home without reactions or side effects.

Prescribing health care professional name:	Phone:
Pharmacy:	Phone:

**I give authorization to give medicine and to call the prescribing health care professional or pharmacy if needed**

Parent/guardian name:	
Parent/guardian signature:	Date:

**Medication received, returned, or disposed of:**

Received from parent/guardian	Date	Amount	Parent/guardian signature	Child care provider signature
Returned to parent/guardian	Date	Amount	Child care provider signature	Witness signature
Disposed of medicine	Date	Amount	Child care provider signature	Witness signature



