



UMMA Daycare Center Inc

2007 Professional Court

Martinsburg, WV 25401

(304) 267-2777

UMMADC2007@gmail.com

West Virginia Department of Health and Human Services

Medication Permission Slip < ECE-CC-25 (4/2014) >

Please give the following medication to my child today:

Full Name of Child: _____

Date: _____

Name of medication: _____

Dosage: _____

How often to be given: _____

Time last given? _____

Route? (By mouth, topical, or inhaled, etc.) _____

Special Instructions: _____

This permission expires on: ____ / ____ / ____ (Not longer than a six-month period of time)

Parent/Guardian Signature: _____

Signed Date: _____

Date Given	Time Given	By (initial)

Prescription medication will be administered by qualified staff of UMMA Daycare Center Inc., only when this form is complete and signed by the child's health care provider and parent/guardian.

Parent/Guardian MUST administer the initial dose of ALL medications, not child care staff.

HEALTH CARE PROVIDER

Please provide the following information.

Full Name of Child: _____

Date: _____

Name of medication: _____

Medical condition being treated: _____

Dosage: _____

How often to be given: _____

Time last given? _____

Route? (By mouth, topical, or inhaled, etc.) _____

Special Instructions: _____

This permission expires on: ____ / ____ / ____ (Not longer than a six-month period of time)

Health Care Provider Name & Address: _____

Health Care Provider Signature: _____

Signed Date: _____