## MEDICATION PERMISSION AND INSTRUCTIONS

## CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs Child Care Licensing Bureau

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.

PARENT						
Early Im	pressions Presch	ool & Chi	ldcare Centers	to give or apply the medication		
				aa fallawa		
ped medication/over the cour	nter product)	, to my c	(Child's	Name) , as follows:		
lication		2. Date to	Stop Medication			
3. Times Medication is to be Given			4. Amount (dosage) of Medication Each Time Given			
				_		
			Date			
BY THE CAREGIVER	GIVING THE ME	DICATIO	N:			
TIME	AMOUNT GIVE	EN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE		
	+					
It is recommended this form	n be reviewed with the	parent ever	ry 3 months if the medication is	ongoing.		
			. ,			
L	AKA is an equal oppo	rtunity empl	loyer/program.			
	Early Important to the countries of the	Early Impressions Presch (Caregiver, Deed medication/over the counter product)  ication  BY THE CAREGIVER GIVING THE ME  TIME  AMOUNT GIV  AMOUNT GIV  It is recommended this form be reviewed with the	Early Impressions Preschool & Chi (Caregiver, Facility) , to my or ped medication/over the counter product)  BY THE CAREGIVER GIVING THE MEDICATION TIME AMOUNT GIVEN  TIME AMOUNT GIVEN  It is recommended this form be reviewed with the parent ever	Early Impressions Preschool & Childcare Centers (Caregiver, Facility) , to my child led medication/over the counter product)  2. Date to Stop Medication  Given  4. Amount (dosage) of Medication Each  BY THE CAREGIVER GIVING THE MEDICATION:		

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## TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

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