## **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.

I give my permission for					to give or apply the medication		
(Specify, prescribe	ed medication/over the cour	s Name) , as follows:					
DIRECTIONS:		• ,		,	,		
Date to Begin Giving Medication				2. Date to Stop Medication			
3. Times Medication is to be 0	Given		4. Amount (	dosage) of Medication Each	Time Given		
5. Storage of Medication							
6. Other Directions, if Any							
Signature of Parent				Date			
TO BE COMPLETED B	Y THE CAREGIVER	GIVING THE ME	DICATION	:			
DATE	TIME	AMOUNT GIVE	EN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE		
	t is recommended this form	be reviewed with the	parent every	3 months if the medication is	s ongoing.		
	L	ARA is an equal oppo	rtunity employ	/er/program.			

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## TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

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