

**Permission to Administer Medication**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Child Care Facility \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

\_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days it needs to be given at child care facility \_\_\_\_\_

\_\_\_\_\_

Signature of Person with Prescriptive Authority

Date

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Parent/Guardian

I hereby give my permission for \_\_\_\_\_ to  
take the above prescription or over-the-counter medication at the child care  
facility as ordered. I understand that it is my responsibility to furnish this  
medication.

\_\_\_\_\_

Signature of Parent or Guardian

Date

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