PERMISSION TO ADMINISTER MEDICATION

	Date:
horoby give my permission to	
hereby give my permission to	AME OF CHILD CARE PROVIDER)
o administer	to
(NAME OF MEDICATION)	(NAME OF CHILD IN CHILD CARE)
	(SIGNATURE OF PARENT/GUARDIAN OF CHILD)
Condition for which prescribed:	Side effects (if any):
Prescription Number:	Date of Prescription:
Doctor's Name:	
Medicine to be given: TIME: DOSAGE:	
FROM:	TO:
The parent may request the pharmacist to fill the prescription	n in two bottles—one for home use and the other
he day care home.	
S-CCL-DAK5544 (9/15/92)	
5-CCL-DAN3344 (3/13/32)	
PERMISSION TO ADMINIS	Date:
hereby give my permission to	
(N	AME OF CHILD CARE PROVIDER)
to administer	to
(NAME OF MEDICATION)	(NAME OF CHILD IN CHILD CARE)
	(SIGNATURE OF PARENT/GUARDIAN OF CHILD)
One of the control of the control of	,
Condition for which prescribed:	Side effects (if any):
Prescription Number:	
Doctor's Name:	Date of Prescription:
	Date of Prescription:
Medicine to be given: TIME: DOSAGE:	
	FREQUENCY:
Medicine to be given: TIME: DOSAGE:	FREQUENCY: TO:

CFS-CCL-DAK5544 (9/15/92)

the day care home.