

## PERMISSION TO ADMINISTER MEDICATION

DATE \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
(NAME OF CHILD CARE PROVIDER)

to 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: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

The parent may request the pharmacist to fill the prescription in two bottles; one for home use, and the other for the day care home.

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