

PERMISSION TO ADMINISTER MEDICATION

I hereby give permission to _____
(name of child care provider)

to administer medication to _____
(name of child in care)

Type of Medication (Prescription or Non-Prescription): _____

Doctor's Name: _____

Date of Prescription (If Applicable): _____

SIGNED: _____
(name of parent or guardian of child in care)

DATE: _____

***Prescription to be given as indicated on instructions**

PERMISSION TO ADMINISTER MEDICATION

I hereby give permission to _____
(name of child care provider)

to administer medication to _____
(name of child in care)

Type of Medication (Prescription or Non-Prescription): _____

Doctor's Name: _____

Date of Prescription (If Applicable): _____

SIGNED: _____
(name of parent or guardian of child in care)

DATE: _____

***Prescription to be given as indicated on instructions**