



## Medication Permission Sheet

The parent/guardian of \_\_\_\_\_ asks that child care staff  
(Child's Name)  
give the following medication \_\_\_\_\_  
(Name of Medication and dosage)

To my child, according to the Health Care Provider's signed instructions on the lower part of this form

The program agrees to administer only emergency medication (ie: Epi-Pen/Inhaler) prescribed by a licensed health care provider. It is the parent/guardians responsibility to furnish the medication and ensure they pick up the medication at end of the visit.

The program will only accept the medication if the medication if it comes in the original box or has the original prescription label. The medication must not be expired. (You may ask your pharmacist for a second prescription label)

Parent/Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Health Care Provider Authorization To Administer Medication in Child Care

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Side Effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Health Care Provider with Prescriptive Authority)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date\*)

\*This form is valid for one year from this Date.