



Awarded #1 in America
by the National Association
of Child Care Professionals



CHILDCARE & LEARNING CENTER
"Your Child Will Be A Jump Ahead"

PERMISSION to GIVE MEDICATION in CHILD CARE

(Please complete a separate form for each medication)

Section I – to be completed by child’s health care provider

Child’s Name: _____ Birth Date: _____

Allergies (food, medication): _____ Weight: _____

Medication: _____ Purpose: _____

Dosage: _____ Route: _____

Time(s) to be Administered: _____

Special Instructions: _____

Possible side effects: _____

Start Date: _____ End Date: _____

Signature of Health Care Provider: _____

Phone: (_____) _____ Date: _____

Section 2 – to be completed by the parent or guardian

I give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container, labeled with my child’s full name, to the school office. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or Director Designee to contact the health care provider regarding my child’s health, if necessary.

To make giving medication to my child easier, I do the following: _____

Amount of Medication provided to Childcare: _____

Signature of Parent/Guardian: _____ Date: _____

Amount of Unused/Expired Medication Returned to Parent/Guardian, or Disposed Of: _____

Date Medication Returned or Disposed Of: _____

Signature of Parent/Guardian: _____