



# Permission To Administer Medication

Date \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
(Name of child care provider)

to administer \_\_\_\_\_ medication to \_\_\_\_\_  
(Name of medication) (Name of child in care)

(This includes diapering products, sunscreen lotions, and insect repellents as well as both prescription and non-prescription medications. These products must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.)

Signed \_\_\_\_\_  
(Name of parent or guardian of child)

Condition for which prescribed \_\_\_\_\_ Side effect (if any) \_\_\_\_\_

Prescription number \_\_\_\_\_ Date of prescription \_\_\_\_\_

Doctor's name \_\_\_\_\_

Medication to be given: TIME \_\_\_\_\_ DOSAGE \_\_\_\_\_ FREQUENCY \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_