



CHILD CARE SERVICES

Permission to Administer Medications

Date: _____

I hereby give permission to: _____ to
(name of center)

administer: _____
(Name of Medication) *(Prescription Number, if Applicable)*

to my child: _____

According to the doctor's orders and instructions as noted on the prescription bottle or vial (for prescription drugs)

According to the following instructions for (non-prescription drugs):

Signature of Parent or Guardian: _____

MEDICATION RECORD

Name of Child: _____ Physician: _____

Name of Medication: _____

Date Commenced: _____ Date Stopped: _____

Date	Time	Dosage	Comments	Staff Signature

NOTE: Use one form for each medication dispensed. Completed form is to be filed in child's file!