

### PERMISSION TO GIVE MEDICATION

THIS FORM IS TO BE COMPLETED FOR ANY MEDICATION ADMINISTERED TO A CHILD IN CARE.

**THIS SECTION IS TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN**

\_\_\_\_\_ has my permission to give  
*Child Care Provider*

\_\_\_\_\_ the following medication:  
*Name of Child*

NAME OF MEDICATION	DOSAGE	TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i>	DATE(S) TO BE GIVEN

**INSTRUCTIONS (R6-5-5218)**

1. The Child Care Provider shall only accept prescription medication that is not date expired or in something other than its original container, or if it does not bear the date of issue, the child's name, the amount and frequency of dosage, and the doctor's name.
2. The Child Care Provider shall only accept over the counter medication in its original container and is not date expired.
3. The Child Care Provider shall keep all medications in a locked storage container and refrigerate if necessary.
4. **ONLY** the Child Care Provider is permitted to administer medication.
5. **The Child Care Provider shall never administer aspirin to any child in care, except upon written permission from the child's medical practitioner.**
6. The Child Care Provider shall send any unused medication home with the child at the end of the day.

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

Physician's Name: \_\_\_\_\_ Physician's Phone No.: \_\_\_\_\_

**PLEASE COMPLETE MEDICATION LOG ON REVERSE**  
See reverse for EOE/ADA disclosures

## MEDICATION LOG

*To be completed by the Child Care Provider EACH time medication is administered*

DATE	TIME <i>(Also AM/PM)</i>	NAME OF MEDICATION	DOSAGE	HOW ADMINISTERED <i>(By mouth, in ear, etc.)</i>	PROVIDER'S INITIALS