



# Medication Permission Form

Please Administer the Following Medication to:

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

Prescription

Non-Prescription

Date Brought to Center: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose to be Administered: \_\_\_\_\_

Hour(s) / Day(s) to Administer: \_\_\_\_\_

(Reminder: Medicine is administered at 11:00 am and 3:00 pm)

Continue this medication until (Date): \_\_\_\_\_

If Prescription:

Prescribing Physician: \_\_\_\_\_

Prescription Number: \_\_\_\_\_

Note: Medicine must be in original container with Child's name clearly written Non-Prescription medicine: if age of child requires "consult physician". A written approval from child's physician must be secured before administering medication.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

And, if applicable

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Do not write below this line, CAREGIVER'S USE ONLY

## Medication Log

Date	Time	Dosage	Admin By:

Returned to child's parent (date) \_\_\_\_\_ or thrown away (date) \_\_\_\_\_.

Note: New from should be used for each cycle of medication. File the completed form.