MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY F	PARENT				
I give my permission for		(Canadi ta	- Facility		to give or apply the medication
		(Caregiver			f-ll
(Specify, prescribed	child (Child's	Name) , as follows:			
DIRECTIONS:					
Date to Begin Giving Medica	ation		2. Date	to Stop Medication	
3. Times Medication is to be G	iven		4. Amou	unt (dosage) of Medication Each	Time Given
5. Storage of Medication			I		
6. Other Directions, if Any					
Signature of Parent				[Date
TO BE COMPLETED BY THE					1
DATE	TIME	AMOUNT GI	VEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE
It	is recommended this fo	rm be reviewed with the	ne parent ev	ery 3 months if the medication is	ongoing.
		LARA is an equa	I opportunity	employer/program.	

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE