

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

State of Michigan

Department of Lifelong Education, Advancement, and Potential – Child Care Licensing

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 PARENT OR GUARDIAN

I give my permission for _____ to give or apply the medication,
(Child Care Facility/Licensee)

_____ to my child _____ as follows:
(Specify prescribed medication/over-the-counter product) (Child's name)

DIRECTIONS:

1. Date to Begin Giving Medication	
2. Date to Stop Giving Medication	
3. Times Medication is to be Given	
4. Amount (Dosage) of Medication Each Time Given	
5. Storage of Medication	
6. Other Directions, if Any:	

Signature of Parent		Date	
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Continue onto page 2 to detail the specific information of how, when, and by whom the medication was administered.

It is recommended that this form be reviewed with the parent every 3 months if the medication is ongoing.

Individuals with disabilities may contact the MILEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.	MILEAP is an equal opportunity employer/program.
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To be Completed by the Child Care Staff Member/Licensee Giving Medication:

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