

PERMISSION TO ADMINISTER MEDICATION IN CHILD CARE
(ONE FORM PER MEDICATION, INCLUDING OVER THE COUNTER MEDICATION)

To be completed by the child's health care provider with prescriptive Authority (Physician)

Child: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Special instructions: _____

Purpose of medication: _____

Possible side effects: _____

Start date: _____ End date: _____
*****NEW FORM REQUIRED EVERY 3 DAYS*****

Signature of Physician

Phone #

Date

To be completed by the parent or guardian:

I hereby give my permission for _____ to take the above
(Child's Name)

Medication, in childcare, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication. The medication, prescriptive or over the counter, is to be brought to childcare in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time, and dosage. A calibrated measuring device suited for the dosage must also be provided. This form must also be filled out completely in order for the medication to be given. This is a Division of Childcare licensing requirement.

I understand that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by a trained person employed by the Family of Christ Child Development Center, the undersigned parent or guardian hereby agrees to release Family of Christ Development Center and its personnel from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student.

Signature of Parent or Guardian

Date

