

BLUE EARTH COUNTY HUMAN SERVICES
CHILD CARE LICENSING PROGRAM
(9502.0435 Subp. 16 F.)
PERMISSION TO ADMINISTER MEDICATION

Date: _____

I hereby give my permission to

(Name of child care provider)

to administer _____

(Name of medication)

medication to _____

(Name of child in care)

Signed _____

(Name of parent or guardian of child)

Condition for which prescribed

Side effect (if any) _____

Prescription number _____

Date of prescription _____

Doctor's name _____

Medicine to be given: TIME: _____ DOSAGE: _____

FREQUENCY: _____

FROM: _____ TO: _____

The parent may request the pharmacist to fill the prescription in two bottles – one for home use and the other for the child care home.