

Permission to Administer Medication

Date: _____

I hereby give my permission to _____
(name of day-care provider)

to administer _____ medication to _____
(name of medication) (name of child in day care)

(This includes diapering products, sunscreen lotions, and insect repellent as well as both prescription and nonprescription medications).

Signed: _____
(name of parent or guardian of child)

Condition for which prescribed: _____ Side effects (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 day-care home.

G:DCF.6

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