

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

I WILL INFORM THE PROVIDER OF ANY MEDICATIONS GIVEN TO MY CHILD BEFORE ARRIVING AT DAY CARE, AND I WILL GIVE THE PROVIDER WRITTEN INSTRUCTIONS, FROM A LICENSED PHYSICIAN OR DENTIST, FOR ADMINISTERING EACH PRESCRIPTION MEDICINE TO MY CHILD. *Prescription medicine with the child's name and current prescription information on the label constitutes written instructions.* (9502.0435 Subpart 16, F2)
(The parent may request the pharmacist to fill the prescription in two bottles – one for home use and one for daycare use.)

I HEREBY GIVE MY PERMISSION TO (provider's name) _____ TO ADMINISTER
(name of medication) _____ TO MY CHILD, (child's name) _____.

Condition for which medication is being prescribed _____

Side effects (if any) _____

Parent's Signature _____

Date _____

Provider's Signature _____

Date _____