



**Permissions to Administer Medication
and
Administration Record Form**

I, _____ (name), hereby give permission for _____ (child care provider) to administer the following medication supplied by me for my child _____ (name) in the prescribed manner and in the prescribed amount at the time specified.

TO BE FILLED OUT BY PARENT

TO BE FILLED OUT BY PROVIDER

DATE	MEDICATION	DOSE	TIMES	LAST ADMINISTERED	PARENT'S SIGNATURE	DATE	MEDICATION	TIME ADMINISTERED	AMT. GIVEN	CARE PROVIDER SIGNATURE

THIS FORM MUST BE SIGNED BY PARENT WHETHER OR NOT ADMINISTERED

Any medication (including those available without prescription) to be administered, must be supplied by the parent or guardian of the pre-school/program, along with written instructions and signature indication permission to do so.