## MEDICATION PERMISSION AND INSTRUCTIONS

## CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for each medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

| I give my permission for |  |  | medication |
| :---: | :---: | :---: | :---: |
| (Caregiver, Facility) |  |  |  |
| (Specify, prescribed medication/over the counter product) | , to my child | s Name) | , as follows: |
| DIRECTIONS: | - (Chas Name) |  |  |
| 1. Date to Begin Giving Medication | 2. Date to Stop |  |  |
| 3. Times Medication is to be Given | 4. Amount (do | Time Gi |  |
| 5. Storage of Medication |  |  |  |
| 6. Other Directions, if Any |  |  |  |
| Signature of Parent |  | Date |  |

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

| DATE | TIME | AMOUNT GIVEN | CAREGIVER'S NAME | CAREGIVER'S SIGNATURE |
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LARA is an equal opportunity employer/program.

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

| DATE | TIME | AMOUNT GIVEN | CAREGIVER'S NAME | CAREGIVER'S SIGNATURE |
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