# MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child Care Licensing Division

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 _____ to give or apply the medication
(Caregiver, Facility)

_____ , to my child _____ , as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

**DIRECTIONS:**

| | |
|---|---|
| 1. Date to Begin Giving Medication | 2. Date to Stop Medication |
| 3. Times Medication is to be Given | 4. Amount (dosage) of Medication Each Time Given |
| 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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It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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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