

Parent Permission to Administer Medication and Log Form

Name of medication: _____ Date: _____

For (problem or illness): _____ Prescription No. _____

Date last dose due: _____

For Parent to Complete

I _____ give permission to _____
(parent or guardian) (name of child care staff)

To administer _____ of _____
(amount) (name of medication)

To my child _____ by _____
(name of child) (method of use)

Possible side effects to watch for with this medication:

Medication Allergies:

Name and phone number of physician who prescribed the medicine:

Parent Signature: _____ Date: _____

For Staff to Complete

Give medicine **only** if you can answer **yes** to all questions below.

Is the permission form above completed? Yes No

Is the medication in a child-proof container? Yes No

Is the original prescription label on the medication container? Yes No

Is the name of the child on the container? Yes No

Is the date on prescription current? Yes No

(Within the month for antibiotics and within the expiration date for medications, which are so labeled; within the year and otherwise?)

Caregiver Signature: _____ Date: _____

