

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Date: _____

I hereby give my permission for _____
(Name of Day Care Provider)

to administer medication to _____
(Name of Child)

Signed: _____
(Parent or Guardian)

Prescription Number: _____

Doctor's Name: _____

Medicine to be given from _____ to _____

Dosage: _____

****PRESCRIPTION CAN ONLY BE ADMINISTERED TO THE PERSON FOR WHOM IT IS WRITTEN*

(It is suggested that a slip be signed for each individual medication.)

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Date: _____

I hereby give my permission for _____
(Name of Day Care Provider)

to administer medication to _____
(Name of Child)

Signed: _____
(Parent or Guardian)

Prescription Number: _____

Doctor's Name: _____

Medicine to be given from _____ to _____

Dosage: _____

****PRESCRIPTION CAN ONLY BE ADMINISTERED TO THE PERSON FOR WHOM IT IS WRITTEN*

(It is suggested that a slip be signed for each individual medication.)