

PERMISSION TO ADMINISTER MEDICATION

Date: _____

I hereby give my permission to _____
(NAME OF CHILD CARE PROVIDER)

to administer _____ to _____
(NAME OF MEDICATION) (NAME OF CHILD IN CHILD CARE)

(SIGNATURE OF PARENT/GUARDIAN OF CHILD)

Condition for which prescribed: _____ Side effects (if any): _____

Prescription Number: _____ Date of Prescription: _____

Doctor's Name: _____

Medicine to be given: TIME: _____ DOSAGE: _____ FREQUENCY: _____

FROM: _____ TO: _____

The parent may request the pharmacist to fill the prescription in two bottles—one for home use and the other for the day care home.

CFS-CCL-DAK5544 (9/15/92)

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