

Permission for Medication

(This form must be completed and signed for all over the counter and prescription medications)

Name of Child _____

Primary Health Care Provider _____

Phone Number _____

Medication _____ Dosage _____ Route _____

Purpose of medication: _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days to be given at childcare facility _____

Beginning date: _____

Ending date: _____

Signature of person with prescriptive authority: _____

Date: _____

Parent/Guardian

I hereby give my permission for _____ to take the above prescription or over-the-counter medication at The Elm Tree as ordered.

I understand that it is my responsibility to furnish this medication.

Date _____

(Signature of Parent or Guardian)

Note: The prescription medication is to be brought to the child care facility in the **original pharmacy container**, appropriately labeled by the pharmacy or person with prescriptive authority along with a copy of this medication authorization order and a proper means to distribute the medication to the child.