
Name of Child Care

Permission to Administer Medication

Child's Name: _____

Date: ___/___/___
D M Y

Name of Medication: _____

Dosage: _____

Times of day to be administered:

Provider's Name: _____

I hereby authorize the above named provider and/or employee's to administer the above named medication in the dosage and times of day as indicated to the above named child.

Signature of Parent/Guardian

Medication Log

The person who administers the medication must place her/his initial in the appropriate box

Date	Time	Initials	Time	Initials	Time	Initials	Comments

Medication Termination

Medication has been terminated on ___/___/___
D M Y

Signature of Parent/Guardian

Signature of Provider