

## PERMISSION TO ADMINISTER PRESCRIBED MEDICATION

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

Date: \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
(name of child care provider)

to administer medication to \_\_\_\_\_  
(name of child in child care)

Signed: \_\_\_\_\_  
(name of parent or guardian of child in child care)

Prescription No.: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Date of Prescription: \_\_\_\_\_

Medicine to be given from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

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