

**PERMISSION TO ADMINISTER MEDICATION**

**Prescription medicine with the child's name and current prescription information on the label constitutes written instructions.** (9502.0435 Subpart 16, F2)

(The parent may request the pharmacist to fill the prescription in two bottles – one for home use and one for daycare use.)

Date \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
*(name of daycare provider)*

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

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

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

Doctor's name \_\_\_\_\_

Date of prescription \_\_\_\_\_

Instructions \_\_\_\_\_

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

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