



Permission to Administer Medication

(9502.0435 Subp. 16F)

I hereby give my permission to _____ to administer
(Name of child care provider)

_____ medication to _____
(Name of medication) (Name of child in child care)

(This includes diapering products, sunscreen lotions, and insect repellents as well as both prescription and nonprescription medications. These products must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.)

Signed _____ Date _____
(Name of parent or 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 child care home.



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