

**PERMISSION TO ADMINISTER MEDICATION IN CHILD CARE**  
**(One Form Per Medication)**

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To be completed by the child's health care provider with prescriptive authority:

Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Medication: (Prefer generic name) \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_ May repeat dose every \_\_\_\_\_ hours

Special Instructions: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_  
Signature of person with prescriptive authority

\*Please include person's title\*

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

Print name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**To be completed by the parent or guardian**

I hereby give permission for \_\_\_\_\_ to take the above  
(child's name)

medication at Ken Caryl Ranch Metropolitan District programs as ordered by the health care provider. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Note: The medication is to be brought to the child care site in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time and dosage. This form must also be filled out completely in order for the medication to be given.