Date_____

Child Medication Permission and Administration Form

Parent Signature_____

Parents must provide this information before any prescription or non-prescription medication is administered. Use a separate sheet for each medication.

Child's Name:

Name of medication to be administered:

Refrigeration Required:

Yes

No

Dosage and method (orally, eye, ear, topical, etc.):

Time(s) to be given:

Dates to be given:

From:

mm/dd/yr

To

mm/dd/yr

Special instructions, i.e., symptoms signaling need for administration, medication indications, reasons to hold medication.

Date Administered mm/dd/yr	Time Administered (a.m. / p.m.)	Dosage Given	Comments	Provider Initials
,	(* 1- /			

NOTE: You may wish to document the reasons why medications may not have been given as requested, i.e., child absent, medication not sent, and any adverse reactions. When administering over-the-counter medications, parental permission should be obtained monthly to cover a 30-day period of administration as needed. If prescription medication is required to be administered daily or emergency medications such as an inhaler or Epi Pen on an as needed basis, programs should ask parents to complete a new permission form each time a prescription is renewed or changed. This documentation must be retained for at least six months and be made available to the child's parent upon request. The medication must be returned to the parent when no longer needed or expired.