

Child Medication Permission and Administration Form

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: _____ To: _____
mm/dd/yr mm/dd/yr

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

Parent Signature _____ Date _____

For Program Staff Use only:

Date Medication provided by the Parent(must be in original container, with the original label): _____

Date Medication returned to the Parent(must be returned when no longer needed/expired): _____

