



**PERMISSION TO ADMINISTER MEDICATIONS IN CHILD CARE**  
**\*(Use one form for each medication)**

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**Medication will be administered by Staff of Holy Family Child Care & Development Center only when this form is completed and signed by the child's health care provider and parent/guardian.**

**Parent/guardian must administer the initial dose of ALL medications, not child care STAFF. If first dose is given at the center, the parent/guardian must wait 15 minutes before leaving child at the center.**

**Form to be completed by the child's health care provider:**

*Child's First and Last Name:* \_\_\_\_\_ *Birthdate:*

\_\_\_\_\_

*Medication:* \_\_\_\_\_

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

*Time of day medication to be given:* \_\_\_\_\_

*Special Instructions:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*Possible Side Effects:* \_\_\_\_\_

\_\_\_\_\_

**(Please complete back page also.)**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
**(30 days maximum, except for diaper cream and hand cream, which is valid for one year)**

Signature of Health Provider with Prescriptive Authority: \_\_\_\_\_

Health Care Provider's Name:  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Date:  
\_\_\_\_\_

FAX No.: \_\_\_\_\_

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

\_\_\_\_\_

*I hereby give my permission for \_\_\_\_\_ to take the above medication in child care, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication.*

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

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