

Today's
Date: _____



Permission to Dispense Medication

Child's Name: _____ Birthdate: _____

Medication: _____ Allergies: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End date: _____

All medications require a physician's signature to dispense, with the exception of the following: topical preparations, such as sunscreen and diaper rash preparations. For these, please fill out a Permission to Dispense Topical Preparation form.

Signature of Healthcare provider: _____ Date: _____

The following is to be completed by the parent or guardian:

I hereby give permission for my child, named above to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's Designee to contact the health care provider regarding my child's health, if necessary.

Amount of medication brought to Child Care: _____ Date: _____

Signature of Parent or Guardian _____

Amount of medication returned to Parent: _____ Date: _____

Signature of Parent or Guardian _____

Signature of Director/Director Designee _____

