

**REQUEST TO ADMINISTER MEDICATION  
MEDICATION PERMISSION AND INSTRUCTIONS  
CHILD CARE HOMES AND CENTERS**  
Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

**TO BE COMPLETED BY PARENT**

I give my permission for \_\_\_\_\_ to give or apply the medication  
(Caregiver, Facility)  
\_\_\_\_\_, to my child \_\_\_\_\_, as follows:  
(Specify, prescribed medication/over the counter product) (Child's Name)

**DIRECTIONS:**

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

**TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:**

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

**TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:**

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE