

### Permission to Administer Medication

(9502.0435 Subp. 16F)

*-Separate form for each prescription-*

I hereby give my permission to \_\_\_\_\_ to administer  
(Name of child care provider)

\_\_\_\_\_ medication to \_\_\_\_\_  
(Name of medication) (Name of child in child care)

(This includes both prescription and non-prescription medications. These products must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.)

Condition for which prescribed: \_\_\_\_\_

Side effects (if any): \_\_\_\_\_

Prescription Number: \_\_\_\_\_ Date of Prescription: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Medicine to be given: TIME: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian of child

\_\_\_\_\_  
Date

*The parent may request the pharmacist to fill the prescription in two bottles - one for home use and the other for the child care home.*

*Update permission form at least annually and/or when prescription changes.*