



PRESCRIPTION MEDICATION PERMISSION SLIP (Please use one form per medication)

The following information is to be completed by the child's health care provider:

Child's name: _____ Birthdate: _____

Weight: _____ Medication: _____

Allergies (Include food and/or medication allergies): _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End date: _____

Signature of Health Care Provider

Phone number

Date

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

I hereby give permission for my child, _____,
to receive the above medication, according to the listed directions and cautions, from the Director or a Teacher of The Owl's Nest Childcare Center. 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 to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director to contact the health care provider regarding my child's health, if necessary. I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to Child Care: _____

Signature of Parent or Guardian

Phone number

Date

