

10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures
May be used to record permission for administration of medication to children

PERMISSION TO GIVE MEDICATION IN CHILD CARE

(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 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.

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to Child Care: _____

Date: _____

Signature of Parent or Guardian

Date & amount of medication returned to Parent: _____

Signature of Director/Director Designee

Signature of Parent/Guardian

Source: Medication Administration in Child Care, Healthy Child Care New Jersey