

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Date _____

I hereby give my permission to _____
(name of day care provider)

to administer medication to _____
(name of child in day care)

Signed: _____

Prescription No. _____

Doctor's name _____

Date of prescription _____

Medicine to be given from _____ to _____
(date) (date)

(It is suggested that a slip be signed for each individual medication.)

White Copy - Provider
Yellow Copy - Parent

dc permission to administer prescription medication