Giggles N Grins Child Care Medication Permission Form

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

give my permission for Giggles-N-Grins Child Care to give or apply the medication
, to my child, as follows, as follows
Specify, prescribed medication/over the counter product) (Child's Name)
Prescribed medication is required to be in a bottle from a pharmacy with the label with directions and prescribing Doctors name. Pharmacy will give you an extra bottle with label if you request one. We will NOT give a child a prescription with another person's name on it. Over the counter products should be clearly abeled with child's first and last name; not just the box.
DIRECTIONS
Date to Begin Giving Medication:
Date to Stop Medication:
Times Medication is Given:
Amount (dosage) of Medication Each Time Given:
Storage of Medication:
Other Directions, if any:
Signature of Parent:
Date:

TO BE COMPLETED BY CAREGIVER GIVING THE MEDICATION

Date	Time	Amount Given	Caregiver's Name	Caregiver's Signature

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Date	Time	Amount Given	Caregiver's Name	Caregiver's Signature
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