



Kare'n' 4 Kids

Permission to Administer Prescription Medication Form

I hereby give my child care provider permission to administer the following prescription medication according to the Doctor's instructions specified.

Name of Child: _____

Name of prescription: _____

Date of prescription: _____

Start date: _____

End date: _____

Doctor's name who prescribed medication: _____

List time of day in which medication will be given: _____ am _____ pm

Special instructions for medication (does it need to be refrigerated, taken with food, etc.)

Prescription medication will only be administered by the child care provider if it is in its original container and clearly labeled with instructions.

I understand that Karen Johnson will not be held responsible for any allergic reactions or any other complications from the administration of the above prescription medication.

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Office use only:

Is the prescribed medication in the original container and clearly labeled with instructions?

Administration Record

Date: _____ Time: _____ Amount: _____

Date: _____ Time: _____ Amount: _____

Date: _____ Time: _____ Amount: _____

Date: _____ Time: _____ Amount: _____

Date: _____ Time: _____ Amount: _____

Date: _____ Time: _____ Amount: _____

Date: _____ Time: _____ Amount: _____