

**PERMISSION TO ADMINISTER MEDICATION**

Date \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
*(name of daycare provider)*

to administer medication to \_\_\_\_\_  
*(name of child in day care)*

Signed: \_\_\_\_\_  
*(name of parent or guardian of  
child in day care)*

Prescription No. \_\_\_\_\_

Doctor's name \_\_\_\_\_

Date of prescription \_\_\_\_\_

Medicine to be given from \_\_\_\_\_ *(date)* to \_\_\_\_\_ *(date)*

*(It is suggested that a slip be signed for each individual medication.)  
White copy - provider*