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## Permission to Administer Medication for Chronic Medical Conditions and Allergic Reactions

*Authorization must be provided for staff to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.*

Child's Name: \_\_\_\_\_ Medical Condition: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Criteria for giving the medication: \_\_\_\_\_

Amount and frequency of dosage: \_\_\_\_\_

Describe how the medication is to be administered: \_\_\_\_\_

From : \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_ *Permission may be given for up to 6 months*

I give permission to my child care provider to apply the medication listed above as instructed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date