

**KEEP THIS FORM WITH THE RELATED MEDICATION**

**MEDICATION PERMISSION AND INSTRUCTIONS  
CHILD CARE HOMES AND CENTERS**  
Department of Licensing and Regulatory Affairs  
Child Care Licensing Bureau

**ALL MEDICATION MUST BE LABELED AND IN ORIGINAL CONTAINER**

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**

I give my permission for Apple Scouts and Apple Playschools to give or apply the medication  
(Caregiver, Facility)  
\_\_\_\_\_, to my child \_\_\_\_\_, as follows:  
(Specify, prescribed medication/over the counter product) (Child's Name)

**DIRECTIONS:**

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

**TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:**

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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