MEDICATION PERMISSION AND INSTRUCTIONS FOR DAY CARE HOMES/CHILD CARE CENTERS

Department of Consumer and Industry Services

If you are giving or applying any medication to a day care child, 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 _____ to give or apply the medication,
(Provider, Facility)
_____, to my child _____ ,
(Specify, prescribed medication/over the counter products) (Child's Name)
as follows:

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

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

Authority: **Act 116, of P.A. of 1973.** **Completion:** **Required** **Penalty:** **Rule Violation Citation**	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing etc., under the American with Disabilities Act you are invited to make your needs known to a CIS Office in your county.

BRS-1243 (Rev. 4-96) Previous edition may be used.

TO BE COMPLETED BY THE PROVIDER:

DATE	TIME	AMOUNT GIVEN	BY WHOM

IT IS RECOMMENDED THAT THIS BE KEPT ON FILE FOR 3 YEARS.

BRS-1243 (Rev. 4-96) (Back)