

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS

Child Care Center Name: <p style="text-align: center;">Little Sunshine House</p>	License Number: <p style="text-align: center;">198019141 198019142</p>	Date:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

Child's Name	Date of Birth
Mediation Name	Dosage
Mediation Name	Dosage
Mediation Name	Dosage

I authorize child care personnel to assist in the administration of medications described above to the child named above the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.

Beginning Date
Ending Date
Time of Day

Sunscreen will be applied after nap time daily

Parent's Signature:	Date:
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Upon completion, return medicine to parent or destroy, and place form in child's record.

Staff	Date:
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