



**PERMISSION TO ADMINISTER
MEDICATIONS CARE PLAN**

Date: _____

I hereby give permission to: _____ to
(Name of Facility)

administer: _____
(Name of Medication) (Prescription # - If applicable)

to my child _____
(Print Full Name of Child)

According to the doctor's orders and instructions as noted on the prescription bottle or vial *(for prescription drugs only)*

According to the following instructions *(for non-prescription drugs):*

Signature of parent or guardian: _____

MEDICATION RECORD

Name of Child: _____

Name of Medication: _____

Date	Time	Dosage	Comments	Staff Signature

* Note: Use one form for each medication dispensed. Completed form is to be attached to child's medical form.