MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Michigan Department of Lifelong Education, Advancement and Potential

Child Care Licensing Bureau

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 _____ to give or apply the medication
(Child care staff member)

_____ , 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 CHILD CARE STAFF MEMBER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CHILD CARE STAFF MEMBER	CHILD CARE STAFF MEMBER SIGNATURE
It is recommended that this form be reviewed with the parent every 3 months if the medication is ongoing.				

TO BE COMPLETED BY THE CHILD CARE STAFF MEMBER GIVING MEDICATION:

DATE	TIME	AMOUNT GIVEN	CHILD CARE STAFF MEMBER NAME	CHILD CARE STAFF MEMBER SIGNATURE

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.

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