MEDICATION PERMISSION AND INSTRUCTIONS

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	or The Mid	land Commu	ınity Center	to give or a	apply the m	edication
	(s	(specify, prescribed medication/over the counter product)				
to my child	(child's name), as follows:					
DIRECTIONS:						
1. Date to Begin Giving Medication		2. Date to Stop Meciation		3. Times Medication is to be Given		
4. Amount (Dosage) of Medication given			5. Storage of Medication			
6. Other Directions, if Any			Signature of Parent			
TO BE COMPLETED BY	THE CARE	GIVER GIVIN	IG THE MED	DICATION:		
DATE	TIME	AMOUN	NT GIVEN	CAREGIVER NAME		CAREGIVER SIGNATURE