## .CHILD CARE HOMES AND CENTERS

## Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child Care Licensing Division

f 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 give my prermission for		2		to give or apply the medical	tion
teressen un en teressen en teressen (10)	(Caregiver				
(Specify, prescribed medicati give my permission	on/over the counter product)	, to my child _	(Child's l	, as foll Name)	IOWS:
DIRECTIONS;					
. Date to Begin Giving Medication	Z Stop Medica60n				
. Times Medication is be Given	4. Amount (dosa	4. Amount (dosage) of Medication Each Time Given			
. Storage of Medication					
. Other Directions, if Any					
signature of Parent		<b>ON</b> 1	D	ate	
O BE COMPLETED BY THE CAREG				CAREGIVER'S SIGNATU	
DATE			REGIVER'S NAME		

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## 3CAL-1243 (Rev. 1-16) Previous edition obsolete. MS Word

DATE	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVERS SAGNATURE