

**PERMISSION TO ADMINISTER MEDICATION**

Date \_\_\_\_\_

I hereby give my permission to \_\_\_\_\_  
(Name of Day Care Provider)

to administer medication to \_\_\_\_\_  
(Name of Child in Day Care)

Signed: \_\_\_\_\_  
(Name of Parent of Guardian of Child)

Prescription No. \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Date of Prescription \_\_\_\_\_

Medicine to be given from \_\_\_\_\_ to \_\_\_\_\_

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