

## **Medication Permission Form**

CHILD'S INFORMATION				
NAME OF CHILD		DATE OF BIRT	Н	TODAY'S DATE
NAME OF MEDICINE		DOSE	DOSE	
TIME(S) TO GIVE MEDICINE				
DATE TO START MEDICINE	DATE TO STOP MEDI	TO STOP MEDICINE		
KNOWN SIDE EFFECTS TO MEDICINE				
ADDITIONAL INSTRUCTIONS				
HOW IS THIS MEDICINE GIVEN? (CIRLCE ONE	HILD ALLERGIES			
☐ IN THE EAR ☐ IN THE EYE				
☐ NEBULIZER ☐ ON THE SKIN				
OTHER				
PRESCRIBER'S INFORMATION  PRESCRIBING HEALTH PROFESSIONAL'S NAME				
PERMISSION TO GIVE MEDICINE				
I hereby give permission for the licensee to give the medication as prescribed above.				
PARENT OR GUARDIAN NAME (PRINT)				
PARENT OR GUARDIAN SIGNATURE	ATE			
ADDRESS				
HOME PHONE NUMBER ( ) -	CELL PHONE NUMBER ( ) -		ALTERNATIVE F	PHONE NUMBER