

Permission to Give Medication at Rutgers-Livingston Day Care Center

Use one form per medication

The following information is to be completed by the child's health care provider:

Child's Name: _____ Birth date: _____ Wt: _____

Medication: _____ Allergies: _____

Dosage: _____ Route: _____ Time of day: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date: _____ End date: _____



Print name of Health Care Provider: _____

Signature of Health Care Provider

Phone number

Date



The following information is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the R-LDCC Director or her designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container, labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. I will sign the medication log in the front office each day, indicating the time the medicine should be given, and I will call the Center at that time of day with a reminder.

I authorize the R-LDCC Director or her designee to contact the pharmacist or health care provider for more information about this drug, if necessary.

I authorize the R-LDCC Director or her designee to contact the health care provider regarding my child's health, if necessary.

Signature of Parent or Guardian

Date