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PERMISSION TO ADMINISTER MEDICATION IN CHILD CARE
(ONE FORM PER MEDICATION)

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To be completed by the child's health care provider with prescriptive authority:

Child: _____ Birth date: _____

Medication: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Special instructions: _____

Purpose of medication: _____

Possible side effects: _____

Start date: _____ End date: _____

(Signature of person with prescriptive authority)

(Phone Number)

(Date)

Print name: _____

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To be completed by the parent or guardian

I hereby give my permission for _____ to take the above
(Child's Name)

Medication, in child care, as ordered by the health care provider. I understand that it is my responsibility to provide this medication.

(Signature of parent or guardian)

(Date)

NOTE: Prescriptive medication is to be brought to child care in the ORIGINAL container with prescription label, which clearly states the child's name, the health care provider, name of medication, date, time and dosage. This form must be filled out completely in order for medication to be administered. This is a Division of Child Care Licensing requirement.