

Permission To Give Medication

_____ has my permission to give
(caregiver's full name)

_____ the following medications. Note: If prescribed
(child's full name)
medication, the child's name and doses of the medication must be on the medicine
bottle. All medications must be in original container.

Medication To Be Given

Medication	
Amount	
Time	
Date to be given	
Other	
Ordered by	Parent Physician Other

Medication To Be Given

Medication	
Amount	
Time	
Date to be given	
Other	
Ordered by	Parent Physician Other

Medication To Be Given

Medication	
Amount	
Time	
Date to be given	
Other	
Ordered by	Parent Physician Other

Additional Instructions:

Parent/Guardian signature

Date