MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for Novi Woods Montessori (Oakland Montessori Academy) (Caregiver, Facility) to give or apply the medication

Insect Repellent (Specify, prescribed medication/over the counter product), to my child _____ (Child's Name), as follows:

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
6/16/19	9/1/19
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
as needed	as specified on package
5. Storage of Medication	
room temperature, out of children's reach	
6. Other Directions, if Any	
Signature of Parent	Date
	6/16/19

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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