**MEDICATION PERMISSION AND INSTRUCTIONS FOR Education Explorers Learning Center Inc.**

**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 Education Explorers staff, to give or apply the medication, to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as follows: (Specify, prescribed medication/over the counter product) (Child’s Name)

DIRECTIONS:

1. Date to Begin Giving Medication: 2. Date to Stop Medication:

3. Times Medication is to be Given: 4. Amount (dosage) of Medication Each Time Given:

5. Storage of Medication:

6. Other Directions, if Any:

Signature of Parent: Date:

**TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:**

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

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