



**Permission Form To Administer Medication**

<b><u>Child's Full Name</u></b> (Please Print)	
<b><u>Parent's Name</u></b> (Please Print)	
<b><u>Name of Medication</u></b> (Must be in original packaging w/dosing instructions)	
<b><u>Amount of Medication</u></b> (If packaging is not dosed for your child's age, written instructions from a Doctor must be attached. This is a State Licensing Law.)	<b><u>Please include your own dispensing tool</u></b>
<b><u>Medication Time</u></b> Medications can be given daily ONLY at 1PM or 3PM. Medication cannot be given at any other time.	<input type="checkbox"/> 1:00 <input type="checkbox"/> 3:00
<b><u>Duration of Administration</u></b> Oral/inhaled=30 days max Topical=1 Year	Begin: ____/____/____ End: ____/____/____ (30 days MAX)
PARENTS YOU MUST PUT A LABEL ON YOUR CHILD'S BACK EVERY DAY THAT MEDICATION IS TO BE ADMINISTERED WITHOUT IT YOUR CHILD WILL NOT RECEIVE MEDS!	<input type="checkbox"/> I have attached a label to my child's back and will continue to do so every day medication is needed.
<b><u>Parents Signature &amp; Date</u></b>	_____ Date: ____/____/____

Office Use Only Below this Point:

<u>Day</u>	<u>Date</u>	<u>Amount</u>	<u>Time</u>	<u>Signature</u>	<u>Notes</u>

**THIS FORM MUST REMAIN AT PARADIGM**