



Permission to Administer Medication for Chronic Medical Conditions & Allergic Reactions

Authorization must be provided for staff to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____ Medical Condition: _____

Name of Medication: _____ Expiration: _____

Criteria for giving the medication: _____

Amount and frequency of dosage: _____

Describe how the medication is to be administered: _____

From: ___ / ___ / ___ To: ___ / ___ / ___ Permission may be given for up to 6 months

I give permission to my child care provider to apply the medication listed above as instructed.

Parent/Guardian Signature: _____ Date: _____

TO BE FILLED IN BY THE SANDBOX STAFF ONLY

Type of Medicine _____
Dosage Given _____
Time Given _____
Date _____
Signature _____

Type of Medicine _____
Dosage Given _____
Time Given _____
Date _____
Signature _____

Type of Medicine _____
Dosage Given _____
Time Given _____
Date _____
Signature _____

Type of Medicine _____
Dosage Given _____
Time Given _____
Date _____
Signature _____

Type of Medicine _____
Dosage Given _____
Time Given _____
Date _____
Signature _____