MEDICATION PERMISSION AND INSTRUCTIONS FOR CHILD CARE HOMES/CHILD CARE CENTERS STATE OF MICHIGAN

Department of Human Services
Office of Children and Adult Licensing

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	Γ		
I give my permission for	(0		to give or apply the medication,
		er, Facility)	
(Specify, prescribed medicat	tion/over the counter products)	, to my child(C	Child's Name) , as follows:
DIRECTIONS:	. ,	•	,
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			
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6. Other Directions, if Any			
Signature of Parent			Date
orgination of Faront			
TO BE COMPLETED BY THE CARE (GIVER:		
DATE	TIME	AMOUNT GIVEN	BY WHOM
It is recom	mended this form he reviewed with	the parent every 3 months if the medical	tion is ongoing

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.