



Medication Permission Form

(One sheet per child per medication)

Child's Name: _____ DOB _____

Primary Health Care Provider: _____

Medication: _____ Dosage: _____ Route: _____

Time of day medication is to be given: _____

Possible side-effects/allergies: _____

Anticipated number of day medication will be given at center: _____

Signature of Person w/Prescriptive Authority: _____

Date: _____



Parent/Guardian

I hereby give my permission for my child to take the above referenced prescription or over-the-counter medication at the child care facility as ordered. I understand that it is my responsibility to furnish this medication in its original container. I understand that I must prove Boulder Day Nursery with the signature of a person with proper prescriptive authority as well as my own permission before the medication will be administered.

Signature of Parent/Guardian _____ Date: _____