

HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
CHILD CARE LICENSING PROGRAM (9502.0435 Subp. 16 F.)
PERMISSION TO ADMINISTER MEDICATION

Date _____

I hereby give my permission to _____
(Name of child care provider)

to administer _____ medication to _____
(Name of medication) (Name of child in care)

(This includes diapering products, sunscreen lotions, and insect repellents as well as both prescription and non-prescription medications. These products must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.)

Signed _____
(Name of parent or guardian of child)

Condition for which prescribed _____ Side effect (if any) _____

Prescription number _____ Date of prescription _____

Doctor's name _____

Medicine to be given: TIME _____ DOSAGE _____ FREQUENCY _____
FROM _____ TO _____

The parent may request the pharmacist to fill the prescription in two bottles – one for home use and the other for the child care home.