

Hennepin County
Human Services and Public Health Department
Child Care Licensing
PERMISSION TO ADMINISTER MEDICATION
(9502.0435 Sub. 16F)

Date _____

I hereby give 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, insect repellents, and hand sanitizers**, 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 (2) bottles – one (1) for home use and the one (1) for the child care home.

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