



# Ashley's Lil' Angels Childcare

## Permission for Medication

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days it needs to be given at child care facility \_\_\_\_\_

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### Parent/Guardian

I hereby give my permission for \_\_\_\_\_ to take the above prescription or over-the-counter medication at the child care facility as ordered. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Note: The prescription medication is to be brought to the child care facility in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority with a copy of the medication authorization order.

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