## MEDICATION PERMISSION AND INSTRUCTIONS CHILD CARE HOMES AND CENTERS

## **STATE OF MICHIGAN**

Department of Human Services
Bureau 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 P	ARENT					
I give my permission for		(0	- F116.		to give or apply the medication	
			r, Facility)	child	an fallows	
(Specify, prescribed	Name) , as follows:					
DIRECTIONS:						
Date to Begin Giving Medica	tion		2. Date	to Stop Medication		
3. Times Medication is to be Given				4. Amount (dosage) of Medication Each Time Given		
5. Storage of Medication						
5. Storage of Medication						
6. Other Directions, if Any						
				1.		
Signature of Parent	Date					
				<u> </u>		
TO BE COMPLETED BY THE	CAREGIVER GIVING	THE MEDICATION:				
DATE	TIME	TIME AMOUNT GI		EN CAREGIVER'S NAME	CAREGIVER'S SIGNATURE	
lt i	is recommended this fo	orm be reviewed with t	he parent ev	ery 3 months if the medication is	ongoing.	

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.

## TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

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