## MEDICATION PERMISSION AND INSTRUCTIONS FOR CHILD CARE HOMES/CHILD CARE 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 PAREN	IT		
I give my permission for	(00)		to give or apply the medication,
	(Care Giv	er, Facility)	
(Specify, prescribed medication/over the counter products)		, to my child	, as follows: Child's Name)
	anormovor the counter producto,	,	
DIRECTIONS:  1. Date to Begin Giving Medication		2 Data to Stan Madigation	
1. Date to begin Giving Medication		2. Date to Stop Medication	
3. Times Medication is to be Given		4. Amount (dosage) of Medication Each Time Given	
5. Storage of Medication			
6. Other Directions, if Any			
Signature of Parent			Date
TO BE COMPLETED BY THE CARE	GIVER:		
DATE	TIME	AMOUNT GIVEN	ву wном
lt in room	mmonded this form he reviewed with	the parent every 3 months if the medica	otion is anguing
it is recoi	mmended this form be reviewed with	the parent every 3 months in the medica	ation is originiq.

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