

**MINNESOTA PRAIRIE COUNTY ALLIANCE FAMILY CHILD CARE
PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION**

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

to administer medication to _____
(Name of Child)

Signed: _____ Date: _____

Prescription Number: _____

Doctor's Name: _____

Medication to be given from _____ to _____

Dosage: _____

Additional instructions: _____

*****PRESCRIPTION CAN ONLY BE ADMINISTERED TO THE PERSON FOR WHOM IT IS WRITTEN*****

(It is suggested that a permission slip be signed for each individual medication to be administered.)

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