

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

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 PARENT

I give my permission for Birmingham Bloomfield Montessori to give or apply the medication
(Caregiver, Facility)

Insect Repellent

(Specify, prescribed medication/over the counter product)

, to my child _____, as follows:
(Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication 6/2/25	2. Date to Stop Medication 6/1/26
3. Times Medication is to be Given As needed	4. Amount (dosage) of Medication Each Time Given According to package
5. Storage of Medication Cool, dry area	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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