

# 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)

**Sunscreen**

(Specify, prescribed medication/over the counter product)

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

### DIRECTIONS:

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