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		C		
give my permission for Birmingham Bloomfield Montessori			to give or apply the medication		
Tonico	I Ointmont	(Caregiver, Fa			
Topical Ointment (Specify, prescribed medication/over the counter product)			, to my child (Child	d's Name) , as follows:	
	od modiodion, over the ood	noi producty	(Ormic	2 o Hame)	
DIRECTIONS:	antina	1.	O. Data to Ctan Madiantian		
Date to Begin Giving Medication 6/2/25			2. Date to Stop Medication 6/1/26		
3. Times Medication is to be	Givon		4. Amount (dosage) of Medication Each Time Given		
As needed			According to package		
5. Storage of Medication			According to package		
Cool, dry area					
6. Other Directions, if Any					
Signature of Parent			Date		
TO BE COMPLETED E	EV THE CADEGIVED	CIVING THE MED	ICATION:		
DATE	TIME	AMOUNT GIVEN		CAREGIVER'S SIGNATURE	
DATE	IIIVIC	AWOUNT GIVEN	CAREGIVER 3 NAME	CAREGIVER 3 SIGNATURE	
	It is recommended this form	be reviewed with the pa	arent every 3 months if the medication	is ongoing.	
	1,	ARA is an equal opportu	unity employer/program.		
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