



**CHILDREN UNLIMITED
MEDICATION ADMINISTRATION
PERMISSION FORM**

All medications must be in the original container, properly labeled for the child, and administered prior to the expiration date on the container.

Name of Child: _____ Date of Birth: _____

Please initial your understanding of the following:

- Medication is not expired. _____ (initials)
- Medication is in its original box/container and is labeled with child's name. _____ (initials)
- If prescription, medication has original pharmacy label. _____ (initials)

Name of Medication: _____ Dosage: _____

Medication Start Date: _____ Medication End Date: _____

Time(s) of day medication to be given: _____

Route of administration (orally, in ear, topically, etc.): _____

Reason for Medication: _____

Known medication allergies: _____

Special instructions: _____

I hereby give permission to the staff of Children Unlimited to give the above medication to my child as instructed above.

Parent/Guardian's Signature: _____ Date: _____