

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child Care Administration

PERMISSION TO GIVE MEDICATION

THIS FORM IS TO BE COMPLETED FOR ANY MEDICATION ADMINISTERED TO A CHILD IN CARE.

THIS SECTION IS TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

_____ has my permission to give
CHILD CARE PROVIDER

_____ the following medication:
NAME OF CHILD

| | |
|---|---------------------|
| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |
| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |
| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |
| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |
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| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |
| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |
| NAME OF MEDICATION | DOSAGE |
| TIME(S) TO BE GIVEN <i>(Include a.m. or p.m.)</i> | DATE(S) TO BE GIVEN |

INSTRUCTIONS (R6-5-5218)

1. The Child Care Provider shall only accept prescription medication that is not date expired or in something other than its original container, or if it does not bear the date of issue, the child's name, the amount and frequency of dosage, and the doctor's name.
2. The Child Care Provider shall only accept over the counter medication in its original container and is not date expired.
3. The Child Care Provider shall keep all medications in a locked storage container and refrigerate if necessary.
4. **ONLY** the Child Care Provider is permitted to administer medication.
5. **The Child Care Provider shall never administer aspirin to any child in care, except upon written permission from the child's medical practitioner.**
6. The Child Care Provider shall send any unused medication home with the child at the end of the day.

| | |
|------------------------------------|-----------------------|
| SIGNATURE OF PARENT/LEGAL GUARDIAN | DATE |
| PHYSICIAN'S NAME | PHYSICIAN'S PHONE NO. |

PLEASE COMPLETE MEDICATION LOG ON REVERSE

See reverse for Americans with Disabilities Act (ADA) disclosure. ♦ Disponible en español en la oficina local.

MEDICATION LOG*To be completed by the Child Care Provider EACH time medication is administered*

| DATE | TIME <i>(Also AM/PM)</i> | NAME OF MEDICATION | DOSAGE | HOW ADMINISTERED <i>(By mouth, in ear, etc.)</i> | PROVIDER'S INITIAL |
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Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact: (602) 542-4248; TTY/TTD Services: 7-1-1.