

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care  
**Parental Permission for Medication/Medication Administration**

Use this form to obtain written permission for any prescription or non-prescription medication the parent/guardian may ask you to administer. Use the log below to document the medication you have given.

I, \_\_\_\_\_ give my permission to \_\_\_\_\_  
(Parent's/Guardian's name)

\_\_\_\_\_ to administer the following medication to  
(Educator/s)

\_\_\_\_\_ beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.  
(Child's Name) (Date) (Date)

\_\_\_\_\_  
Name of medication

\_\_\_\_\_  
(dosage, # of times per day and # of days for that week the medication is to be administered)

\_\_\_\_\_ My child has taken this medication before.

\_\_\_\_\_ My child had not taken this medication before I gave it to my child on \_\_\_\_\_ at \_\_\_\_\_.  
date time

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**Medication Administration**

Name of Child: \_\_\_\_\_

Date	Time	Medication Dosage	Method of Administration	Given By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____