



30 Forest RD,

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Permission to Give Medication in Child Care

(Please use one form per medication.)

The following information is to be completed by the child's health care provider:

Child's Name: _____ DOB: _____ Wt: _____

Medication: _____ Allergies: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special Instructions: _____

Possible side effects: _____

Start date: _____ End date: _____

Signature of Health Care Provider

Phone Number

Date

The following is to be completed by parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from Giggles N' Tots LLC. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

I authorize Giggles N' Tots LLC director and staff to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize Giggles N' Tots LLC to contact the health care provider regarding my child's health, is necessary.

I usually do the following to make giving medication to my child easier:

Amount of medication brought to Giggles N' Tots LLC: _____

_____ Date: _____

Signature of Parent or Guardian

Date and amount of medication returned to parent: _____

Signature of Giggles N' Toddler LLC Director

Signature of Parent/Guardian