

**Ohio Department of Job and Family Services
PERMISSION TO ADMINISTER MEDICATION**

Important: Complete a separate form for each child and each medication.

SECTION I: Parent Request for Administration of Medication

Complete for all medications to be administered, including nonprescription topical ointments, creams or lotions and sun screens.

I give permission to the provider to administer the following medication to my child:

Name of Child	Name of Medication	Dosage	Time(s) of Dosage
Signature of Parent	Date of Signature	Expiration Date of Medication (not to exceed six months from date of this request):	

SECTION II: Prescription Medication

Complete when the prescription label is attached.

Rx Number	Pharmacy		
Street Address of Pharmacy			Telephone Number
Method of Administration	Instructions if "to be given as needed:"		

SECTION III: Physician's or Dentist's Instructions

To be complemented by physician or dentist when Section II is not completed, or for nonprescription medications which contain codeine or aspirin.

Rx Number	Pharmacy		
Street Address of Pharmacy			Telephone Number
Method of Administration	Instructions if "to be given as needed:"		

Instructions for Administration: _____

Possible Side Effects: _____

Signature of Physician, Nurse Practitioner or Dentist	Date of Signature	Telephone Number
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