



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Medication Permission

I hereby authorize _____ to administer to
Name of facility

_____ the medication listed below, which has
Name of child

been supplied by me and which is clearly labeled:

Medication: _____

Instructions: _____

Reason for medication: _____

Refrigerate: Yes No

I understand this form is supplied by the Oklahoma Department of Human Services (OKDHS) for the convenience of the child care facility and me and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.

Signature of parent or guardian

Date

Date	Time dispensed	Amount dispensed	Initials

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