



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Medication Permission



I hereby authorize			to administer to		
N	ame of facility				
		the medication list	ed below, which has		
Name of child					
been supplied by me a	and which is clearly labe	eled:			
Medication:					
Instructions:					
Reason for medication	າ:				
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			
Signature	e or parent or guardian	Date			
Date	Time dispensed	Amount dispensed	Initials		
		Amount	Initials		
		Amount	Initials		
		Amount	Initials		
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		Amount	Initials		

Date	Time dispensed	Amount dispensed	Initials

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