STATE OF 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 Department of Human Services (DHS) for the convenience of the child care facility and me and that supplying the form in no way imposes any responsibility or obligation upon DHS.

_____ _____
Signature of parent or guardian Date

Date	Time dispensed	Amount dispensed	Initials

Date	Time dispensed	Amount dispensed	Initials