## TO THE TOTAL PROPERTY OF THE P

## PLAYSCHOOL CHILD CARE INC.

## **Medicine Permission**

Dear Parent:

State licensing regulations require child care personnel to have written Doctor/Dentist and/or parental authorization to administer any medication (including those purchased across the counter). A separate authorization is required for each medication. Prescription labels must be clearly legible and firmly attached to the original container. Other medication containers must be clearly labeled with the child's first name, last name and the name of the medication.

## ALL MEDICATION MUST BE CHECKED IN WITH CAROL

**9503.0140 MEDICATION** 

Parental permission is required for non-prescription medicine, diapering products, sunscreen and insect repellent.

Child's Name:	Date:			
To be filled out by Parent/Guardian  Name of Medication:	To be filled out by Playschool Child Care, Inc.			
	Date	Time	Dose	Sign Full Name
Expiration Date:				
Prescription Number:				
1st date to give medication at PLAYSCHOOL:				
Last date to give medication at PLAYSCHOOL:				
Amount to be given (Dose):				
Time to be given:				
Special Instructions:				
Parent/Guardian's Signature:			Date:	

1709 McKnight Road N. • Maplewood, MN 55109 Phone: 651.779.7926 • Fax: 651.779.0487 www.playschoolchildcare.com • info@playschoolchildcare.com