

Medical Permission

Audinorization		Live year	
I hereby authorize _		(name of	facility) to administer to
supplied by me and v	(name of one which is clearly labeled.	child) the medication listed be	low, which has been
Medication Instructions:		Reason for medication	
Refrigerate?	s 🗌 No		
I understand this form the child care facility a obligation upon OKDI	and me and that supplying t	Human Services (OKDHS) for the form in no way imposes a	the convenience of ny responsibility or
Parent or guardian sig	nature		Date
Microfresiation Dissiplication			
Date	Time dispensed	Amount dispensed	Initials

Date	Time dispensed	Amount dispensed	Initials