



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Medication Permission

I hereby authorize _____ to administer to
Name of facility

the medication listed below, which has

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

