



1556 First Ave., Suite B, Iowa City, IA 52240
(319) 337-8922 (Local) (866) 537-8922

FORM: **Permission to Give Medication**

PURPOSE: To be completed by guardian when it is necessary for Caring Hands & More care givers to give medication to a child.

Child's Full Name: _____
(First Name) (Middle Initial) (Last Name)

Child's Birth Date: _____ (Ex: 1/1/2004)

Caring Hand's & More (CHAM) staff has my permission to give the child indicated above the medications listed below and on the back of this page. *Note: If prescribed medication, the child's name and doses of the medication must be on the medicine bottle. All over-the counter medications must be in original container.*

Use a table below to indicate each medication to be given (use back of page if needed):

Medication	
Amount/Dosage	
Time(s) to Be Given	
Date to be Given	
Other	
Ordered by (circle one)	Parent Physician Other: _____

Medication	
Amount/Dosage	
Time(s) to Be Given	
Date to be Given	
Other	
Ordered by (circle one)	Parent Physician Other: _____

Medication	
Amount/Dosage	
Time(s) to Be Given	
Date to be Given	
Other	
Ordered by (circle one)	Parent Physician Other: _____

Any other information you feel we should be aware of: _____

Guardian Signature _____ Printed Name _____ Contact Number(s) _____ Date _____

Guardian's Relation to Child: _____ (Ex. Mother, Father, etc.)

(This form was adopted by us and modified from forms created by The University of Iowa.)



Home Health Care & Family Services