



## WAIVER FOR DISPENSING MEDICATION

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ grant permission to MECH, a child care provider, or anyone acting on behalf of MECH, to administer the following medication to the above named child.

Type of medication \_\_\_\_\_

Perscription \_\_\_\_\_ Non-Perscription \_\_\_\_\_

Ailment \_\_\_\_\_

Times to be administered \_\_\_\_\_

Dates to be administered \_\_\_\_\_

Side effects \_\_\_\_\_

Method of administration \_\_\_\_\_

Dosage to be administered \_\_\_\_\_

This medication is being given to the above named childcare provider in its original container and is clearly marked. The childcare provider has assured me that this medication will be kept in a safe place and will only be administered according to the directions written above.

Signature of parent/guardian \_\_\_\_\_

Signature of childcare provider \_\_\_\_\_

Date \_\_\_\_\_

Special Instructions: