## STATE OF OKLAHOMA DEPARTMENT OF HUMAN SERVICES

## **MEDICATION PERMISSION**

I hereby authorize			to administer to	
Na	ame of facility			
		the medication list	ed below, which has	
Name of child				
been supplied by me a	and which is clearly lab	eled:		
Medication:				
Instructions:				
Reason for medication	1:			
Refrigerate: Yes	□ No			
I understand this form convenience of the chimposes any responsible	nild care facility and noility or obligation upon	ne and that supplying DHS.		
Signature of parent or guardian		Date	Date	
Data			1 141 1	
Date	Time dispensed	Amount dispensed	Initials	
Date	Time dispensed		Initials	
Date	Time dispensed		Initials	
Date	Time dispensed		Initials	
Date	Time dispensed		Initials	
Date	Time dispensed		Initials	
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Date	Time dispensed		Initials	
	Time dispensed		Initials	

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Date	Time dispensed	Amount dispensed	Initials

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