

## MEDICATION PERMISSION AND INSTRUCTIONS FOR CHILD CARE HOMES/CHILD CARE CENTERS STATE OF MICHIGAN

Department of Human Services  
Bureau of Children and Adult Licensing

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

### TO BE COMPLETED BY PARENT

I give my permission for CLAWSON CHILDCARE CENTER to give or apply the medication,  
(Care Giver, Facility)  
DIAPER OINTMENT, to my child \_\_\_\_\_, as follows:  
(Specify, prescribed medication/over the counter products) (Child's Name)

### DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

### TO BE COMPLETED BY THE CARE GIVER:

DATE	TIME	AMOUNT GIVEN	BY WHOM

~~It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.~~

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

## WEBSITE PERMISSION SLIP AND MEDIA RELEASE

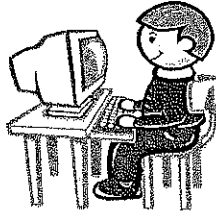
Dear Parents,

Clawson Schools has set up a website for my classroom on the Clawson School District Website. My goal to keep you informed and updated about what your child is doing in the classroom as well as receiving newsletters and up and coming events throughout the school year. This also gives you the opportunity to keep in touch with me and the other teachers in the classroom.

We would like to have your permission to use your child's photograph on the District website. Please sign the bottom portion of this letter and return it to me or another childcare staff member as soon as possible. If you do not want your child's photograph to be used on our webpage, please check the corresponding box and we will make sure that it does not appear online.

At any time your child's name will not appear with their photograph.

Thank You!



- I give my permission for my child, \_\_\_\_\_ to appear in photographs on the Clawson Child Care Webpage.
- I do not want my child \_\_\_\_\_ to appear in photographs on the Clawson Childcare webpage.

Special Notes: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_