MEDICATION AUTHORIZATION

Child: _____ Center: _____

All prescription and non-prescription medications require written authorization. Each prescription medication must be in the original container, with the directions and label intact. Each non-prescription medication must be in the original container labeled with the child's name. Clear and complete instructions must be provided.

I authorize the child care program to administer the following:

Name of medication: _____
Amount to be given: _____
Reason to be given: _____
At what time given: _____
Date(s) of authorization: from _____ to _____

_____ _____
Signature of Parent or Guardian Date

I authorize the child care program to administer the following:

Name of medication: _____
Amount to be given: _____
Reason to be given: _____
At what time given: _____
Date(s) of authorization: from _____ to _____

_____ _____
Signature of Parent or Guardian Date

RECORD OF MEDICATION ADMINISTRATION

Date	Medication	Amount	Time Given	Given By	Date	Medication	Amount	Time Given	Given By

Note To Staff: If the medication is not administered as authorized, add a notation explaining the reason.