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: _____ 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: _____ At what time given: _____ Date(s) of authorization: from _____ to _____ _____ _____ Signature of Parent or Guardian Date

RECORD OF MEDICATION AMINISTRATION

Date	Medication	Amt.	Time Given	Given By	Date	Medication	Amt.	Time Given	Given By

Note to staff: If the medication is not administered as authorized, add a notation explaining the reason