



Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. (initials)

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. (initials)

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian. (initials)

Child's Name: _____ **Age:** _____

1st Medication Name: _____

Amount to be Given: _____

Time to be Given: _____

2nd Medication Name: _____

Amount to be Given: _____

Time to be Given: _____

Record of Medications Given:

1st Medication Name: _____

DATE	TIME	AMOUNT	EMPLOYEE



Record of Medications Given:

2nd Medication Name: _____

DATE	TIME	AMOUNT	EMPLOYEE

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

(Retain in child's file for a minimum of four months)

Parent/Guardian Signature: _____ Date: _____