



# Authorization to Administer Medication

Child's name \_\_\_\_\_ Site \_\_\_\_\_ Child's birth date \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time(s) of day to be administered: \_\_\_\_\_ a.m. / p.m. \_\_\_\_\_

How to administer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication expiration date: \_\_\_\_\_

Length of authorization: from \_\_\_\_\_ to \_\_\_\_\_  
Date - MM/DD/YR Date - MM/DD/YR

Yes  No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

\_\_\_\_\_  
Name - OTC Medication Parent initials

**Parent Checklist:**

- Medication shall be in the original container and labeled with the child's name.
- The label shall include dosage and direction for administration.
- Additional information / special instructions / contraindications - Specify

**Staff Verification:**

- Medication is in the original container and labeled with the child's name.
- The label includes dosage and direction for administration.
- Additional information / special instructions / contraindications - Specified

**SITE USE ONLY:**

Amount received: \_\_\_\_\_  
 Received date: \_\_\_\_\_  
 Medication expiration date: \_\_\_\_\_  
 Amount returned: \_\_\_\_\_  
 Returned date: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby authorize administration of the above medication to my child by staff of the child care center listed above.**

\_\_\_\_\_  
Parent or Guardian Signature Date

**Staff, please fill out chart on back side.**

# Authorization to Administer Medication

Child's name

Child's birth date

**Instructions:** This section is to be completed only by the child care providers to document the actual administration of the medication. Lines should not be skipped.

	Date Administered	Time Administered	Dosage	Signature / Initials of Person	Who Administered Medication	Confirms Logged In Medical Log
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**When this child is no longer required to take this medication, please place this form in child's registration on site.**