



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.