AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Child's Name			
Prescription Number			
Name of Medication			
Amount of medication to	be given at each dosage		
		mouth, apply to skin, inhale, drops in ey	es,
Time and date of last dos	age given at home		
Time(s) of dosage(s) to be	e given at the child care fac	ility	
Please give my child the a	bove-named medication at t	he time(s) and in the amount(s) indicated	
Please give my child the a	-		ate
Please give my child the a	Sign		
	Sign		
To be completed by licen	Sign see/staff/caregiver	nature of parent/guardian D	
To be completed by licen	Sign see/staff/caregiver	nature of parent/guardian D	
To be completed by licen	Sign see/staff/caregiver	nature of parent/guardian D	