

## Authorization to Administer Medication

**Parent Instructions:** This form shall be completed and signed by the parent or guardian before any prescription or non-prescription medication is administered.

Child's Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

**Medication Information:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Medication <b>*One medication per form.</b>	Dosage	How to be Administered	Time(s) of Day to be Administered	Dates-Medication Time Period**	
				From	To
			<input type="checkbox"/> AM <input type="checkbox"/> PM		
			<input type="checkbox"/> AM <input type="checkbox"/> PM		
			<input type="checkbox"/> AM <input type="checkbox"/> PM		
			<input type="checkbox"/> AM <input type="checkbox"/> PM		

**\*\*Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in care of the center may be kept at the center without a current medication administration authorization from the parent.**

Additional information/special instructions/contraindications – Specify.

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

**Authorization:** I hereby authorize administration of the above medication to my child by staff of Grandma's House Day Care Center.

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

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