Medication Authorization/Administration Record

(including non-prescription/over the counter). *a separate authorization is required for EACH medication *prescription medication must be in a labeled pharmacy container *parent/guardian is to give as many doses at home as possible Medication	from pa	nt/Guard arent/guard ing non-pr	dian in	order fo	r child ca	ere staff to				en authori	zatio
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(not to exceed 2 weeks for OTC medication) Time(s) to be given at child care: Parent/Guardian's Signature (Required) CENTER STAFF: Please complete all four (4) blanks for each dose given. Signature required by Monday Tuesday Wednesday Thursday Friday Date Time Dosage Initials Monday Tuesday Wednesday Thursday Friday ate me posage itials Teacher's name (initials/signature) Teacher's name (initials/signature)		Dosage									
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Staff - Please place this form in the child's office folder when medication is finished.