

Copy

Medication Authorization/Administration Record

Child _____ Date _____

Parent/Guardian: State Child Care Licensing regulations require a written authorization from parent/guardian in order for child care staff to administer medications (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 _____
 Dosage _____
 Start Date _____ End Date _____
 (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 below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Dosage					
Initials					

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Dosage					
Initials					

Teacher's name (initials/signature)	Teacher's name (initials/signature)

Unused medication:

Date returned to parents/Date discarded per parent's instructions _____

Staff - Please place this form in the child's office folder when medication is finished.