



AUTHORIZATION FOR PRESCRIPTION MEDICATION

This authorization form must be maintained and is only valid for the duration of prescription

Medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label. We ask that first dose be given at the home.

Non Prescription medication brought in by the parent will not be dispensed.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian

Child's Name: _____ Age: _____

1. Medication Name: _____
 Amount to be Given: _____
 Time to be Given: _____

2. Medication Name: _____
 Amount to be Given: _____
 Time to be Given: _____

Record of Medications Given:

1. Medication Name: _____
 2. Medication Name: _____

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give permission to dispense the medication (s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label

Parent /Guardian Signature _____

Date _____