



Medication Authorization Form

(Please use one form per medication)

The following information is to be completed by the child's health care provider:

Child's Name: _____ Birth date: _____ Wt: _____

Medication: _____ Allergies: _____

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special Instructions: _____

Possible Side Effects: _____

Start Date: _____ End date: _____

Signature of Health Care Provider

Phone Number

Date

The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. **I authorize the Director to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director to contact the health care provider regarding my child's health if necessary.**

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to child care center: _____

Date

Signature of Parent or Guardian

Date and amount of medication returned to parent: _____

Signature of Director

Signature of Parent/Guardian