

Child Care Facility Authorization For Medication

No medication shall be given by facility staff without the signed permission of parent or guardian. Parent please complete this form

Child's Name: _____

Week of: _____

Or Entire School Year _____

Date	Time	Amount	Staff Initials

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Directions: _____

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Directions: _____

Date	Time	Amount	Staff Initials

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Directions: _____

Date	Time	Amount	Staff Initials

Date	Time	Amount	Staff Initials

My signature indicates authorization for facility staff to administer medication to my child according to the directions provided above.

Parent/Guardian Signature _____ Date _____