

**Child Care Facility**  
**Authorization For Prescription and Non-Prescription Medication**

No 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.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

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: \_\_\_\_\_

| Date & Time | Amount | Employee |
|-------------|--------|----------|
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |

2. Medication Name: \_\_\_\_\_

| Date & Time | Amount | Employee |
|-------------|--------|----------|
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |
| _____       | _____  | _____    |

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

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

(Retain in child's file for a minimum of four months)

