

## AUTHORIZATION FOR PRESCRIPTION & NON-PRESCRIPTION MEDICATION

## **PARENT'S INSTRUCTIONS:**

- 1. No medication shall be given by childcare 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.
- 2. Nonprescription 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.
- 3. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

CHILD INFORMATION					
Child's Name:			Age:		
RECORD OF MEDICATIONS GIVE	N				
	ME	DICATION #1			
Medication Name:		Dosage:		Time to be Given:	
DATE	TIME GIVEN		STAFF SIGNATURE		
_					
_					
	ME	DICATION #2			
Medication Name:		Dosage:		Time to be Given:	
DATE	TIME GIVEN	STAFF SIGNATURE			
This authorization form must be	maintained and is only valid for the	e duration of the pre	escription.		
I hereby give permission to dispermanufacturer's label.	ense the medication(s) listed abov	e in accordance wit	h the written direct	ions on the prescript	ion label or printe
	_	Parent/G	uardian's Signature		Date