

Program's Name

Authorization for Prescription & 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 with written authorization of the parent or legal guardian.

Child's Name: _____ Age: _____

Name of Medication:

Amount to be Given: _____

Time to be Given: _____ (If as needed, complete section on back)

Record of Medications Given:

DATE & TIME	AMOUNT	STAFF

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

Parent/Guardian Signature

Date

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