

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
MEDICATION INFORMATION AND AUTHORIZATION**

**A. FACILITY AND CHILD INFORMATION**

Name – Child Care Center

Name – Child

Birthdate (mm/dd/yyyy)

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		----- <input type="checkbox"/> AM <input type="checkbox"/> PM			
		----- <input type="checkbox"/> AM <input type="checkbox"/> PM			
		----- <input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes  No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

\_\_\_\_\_ Name – OTC Medication

\_\_\_\_\_ Parent Initials

Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

**SIGNATURE** – Parent or Guardian

Date Signed

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS  
DOCUMENTATION OF MEDICATION ADMINISTRATION – CERTIFIED CHILD CARE PROVIDERS**

**Instructions:** This section is to be completed only by **certified child care providers** to document the actual administration of the medication. Lines should not be skipped.

	<b>Date Administered</b>	<b>Time Administered</b>	<b>Dosage</b>	<b>Signature / Initials of Person Who Administered the Medication</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				