

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION FOR LICENSE EXEMPT PROGRAMS

PRESCRIPTION MEDICATION WILL BE ADMINISTERED IN ACCORDANCE WITH THE PRINTED PRESCRIPTION LABEL OR WRITTEN INSTRUCTIONS FROM THE CHILD'S PHYSICIAN.

NON-PRESCRIPTION MEDICATION MUST HAVE WRITTEN PARENTAL AUTHORIZATION TO ADMINISTER.

PARENT/GUARDIAN AUTHORIZATION

I AUTHORIZE CHILD CARE PERSONNEL AT _____ TO ADMINISTER THE
NAME OF PROVIDER/PROGRAM

FOLLOWING MEDICATION TO MY CHILD: _____

NAME OF MEDICATION	DOSAGE	TIMES TO ADMINISTER	CHILD'S NAME	DATE OF BIRTH

PRINTED NAME AND PHONE NUMBER OF CHILD'S LICENSED HEALTH PRACTITIONER

PARENT/GUARDIAN'S SIGNATURE _____
DATE SIGNED

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:

LICENSED HEALTH PRACTITIONER'S SIGNATURE _____
DATE SIGNED

MEDICATION LOG

(TO BE COMPLETED BY PROVIDER OR CHILD CARE PERSONNEL FOR ALL MEDICATION ADMINISTERED)

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS