

**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	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.

	Name of Medication	Date Administered	Time Administered	Dosage	Signature / Initials of Person Who Administered the Medication
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