I. Authorization for administering medication

DHR-CDC-1949 AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/guardian,

Child's Name

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Prescription Number			_
Name of Medication			
Amount of medication to	be given at each dosage		
_	e or apply, such as give by	mouth, apply to skin, inhale, dro	ops in eyes
Time and date of last dos	sage given at home		
Time(s) of dosage(s) to b	e given at the child care fac	cility	
Please give my child the a	bove-named medication at t	the time(s) and in the amount(s) i	ndicated.
	Sign	Signature of parent/guardian Dat	
To be completed by licen	see/staff/caregiver		
Date medication given	Time medication given	Signature of person giving med	lication
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