

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
CHILD DAY CARE LICENSING  
AUTHORIZATION FOR MEDICATION

No medication shall be given by day care personnel without the signed permission of parent or guardian. ***a child's place will not administer any prescription medication without a current prescription on the medication or in the case of non-prescription medication, a note from a physician.*** Please complete this form.

Child's Name: \_\_\_\_\_

Name of Medication or Prescription Number: \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Time Medication is to be given: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date medication given:

Time medication given:

Amount given:

Staff Member's Initials:

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