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

Dear Parent/Guardian,

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 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. Forms are only valid for seven days. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information**:

Child's Name:			
Prescription Number: (if a	pplicable)		
Name of Medication: Amount of medication to be given at each dosage:			
Time and date of last dos	age given at home:		
Time(s) and date(s) of do	sage(s) to be given at the child care facility:		
	ould medication be refrigerated? □yes □no		

I will pick up medication daily at the front desk: □yes □no

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

This form no longer valid after this		
date:		

Signature of parent/guardian Date

Signature of physcian

Date

This form should may either be signed by the child's physician OR written permission from the physician that includes all the above information should accompany this form.

To be completed by the licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication