



Authorization for Medication

Except for first aid, personnel shall not hand out prescription or nonprescription medication to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Full Name: _____

Name of Medication: _____

Prescription Number: _____

Physician's Name: _____ Phone Number: _____

Date(s) to give medication: _____

Time of day medication is to be given: _____ a.m. _____ a.m. _____ p.m. _____ p.m.

Amount (dosage) of medication to be given each time: _____

How medication is to be stored: _____

Parent/Guardian Signature

Date

If adverse reaction to medication was noted, please describe action taken:

Note: This form must be used for all over the counter medications (Tylenol, cough syrup, Benadryl, etc.) and all prescription medications including the use of a Nebulizer.

Medication Record to be completed by Child Care Provider

Date	Time (a.m. /p.m.)	Amount (Dosage)	Any Adverse Reaction	Signature of Person giving medication

