

**Child Care Facility  
Authorization For Prescription and Non-Prescription Medication**

No medication shall be given by child care personnel without signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

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

1. Medication Name: \_\_\_\_\_  
Amount to be given: \_\_\_\_\_  
Time to be given: \_\_\_\_\_  
Dates to be given: to: \_\_\_\_\_ from: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: \_\_\_\_\_  
Amount to be given: \_\_\_\_\_  
Time to be given: \_\_\_\_\_  
Dates to be given: to: \_\_\_\_\_ from: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of the prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(Retain in child's folder for a minimum of four months)