**Program’s Name**

**Authorization for Prescription & Non-Prescription Medication**

No medication shall be given by child care personnel without the 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 with written authorization of the parent or legal guardian.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_**

**Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time to be Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (If as needed, complete

 section on back)

**Record of Medications Given:**

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| **DATE & TIME** | **AMOUNT** | **STAFF** |
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I hereby give permission to dispense the medication listed above in accordance with the written directions on the prescription label or printed manufacturer’s label.

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Parent/Guardian Signature Date

**Program’s Name**

**Authorization for Prescription & Non-Prescription Medication**

No medication shall be given by child care personnel without the 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 with written authorization of the parent or legal guardian.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_**

**Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time to be Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (If as needed, complete

 section on back)

**Record of Medications Given:**

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

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Parent/Guardian Signature Date

**If medication is to be given only as needed, please describe symptoms that would warrant the CEC to administer medication:**

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**ADDITIONAL RECORD OF MEDICATIONS GIVEN:**

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**If medication is to be given only as needed, please describe symptoms that would warrant the CEC to administer medication:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL RECORD OF MEDICATIONS GIVEN:**

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| **DATE & TIME** | **AMOUNT** | **STAFF** |
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