

Child's name _____ Birthdate _____ Class. _____ Expires: _____

AUTHORIZATION OF MEDICATION DURING CHILD CARE HOURS

Parents/guardians of children requesting that **any** medication be administered during child care hours by staff are requested to provide for the center:

- 1) the **physician's order**,
- 2) a **parental release**, and
- 3) medication supplied in the **original container**.

Ask for prescription medication to be divided in two bottles completely labeled – one for home and one for child care.

Paste child's
photo here
(optional)

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY CHILD CARE PERSONNEL

I have prescribed the following medication for this child and request that dosages be given during child care hours:

Medication _____ Dose _____ Route _____ Time _____

For treatment of _____ Possible side effects _____

Special Instructions _____

Last date to be given _____

Other medications taken at this time: _____

Medication **ALLERGIES** _____

Print physician's name _____

Physician signature _____ Date _____

Phone _____

PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed and I give the child care staff authority to communicate with the ordering physician about this medication. I release child care personnel from any liability in the administration of this medication at school. **I understand that medication will not necessarily be administered by a licensed health professional.**

Parent/Guardian
Signature _____

Date: _____ Home Phone: _____ Work Phone: _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they are called.