## I. Authorization for administering medication

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

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 (home or center) 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. A new authorization form is needed each week. 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				
Name of Medication				
Amount of medication to	Amount of medication to be given at each dosage			
_	or apply, such as give by 1	nouth, apply to skin, inhale, drops in	ı eyes,	
Time and date of last dos	age given at home			
Time(s) of dosage(s) to be	e given at the child care fac	ility	_	
Please give my child the a	bove-named medication at t	he time(s) and in the amount(s) indica	ted.	
	Signature of parent/guardian		Date	
To be completed by licen				
Date medication given	Time medication given	Signature of person giving medication	on	