

Authorization to Administer Medication Parent Instructions:

This form shall be completed and signed by the parent or guardian before any prescription or nonprescription medication is administered.

Child's Name: _____ Birthdate: _____
 Primary Care Physician Name: _____ Contact number: _____
 Hospital Name: _____

Medication Information: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration. ****One medication per form.****

Medication	Dosage	How to be administered	When does medicine need to be administered	Storage instructions
			Times: Days: Frequency:	

****Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in care of the center may be kept at**

Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted? If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

- Yes
- No

Name OTC Medication: _____ Parent Signature: _____

Date signed: _____

Authorization: I hereby authorize administration of the above medication to my child by staff of Mini Miracles DayCare Center.