YCHILD CARE™
We build strong kids, strong families, strong communities

Child Care Facility Authorization for Medication

Only prescription medication shall be given by facility staff
and only with the signed permission of parent or guardian.
Parent, please complete this form.

Child's name: _____ Month of: _____

Prescription Medication _____

Amount to be given: _____

Time to be given: _____

Directions: _____

_____

My signature indicates authorization for facility staff to administer prescription medication to my child according to the directions provided above.

_____ _____

Parent/Guardian Signature Date

Date	Time	Amount	Staff Initials

Date	Time	Amount	Staff Initials

Date	Time	Amount	Staff Initials

Date	Time	Amount	Staff Initials