

**MEDICATION ADMINISTRATION AUTHORIZATION
CHILD CARE FACILITY**

I authorize the administration of _____ for _____
 (Name of Medication) (Child's Name)

Amount of each dose and time for dose or circumstances under which medication should be given: _____

Dates to administer medication: From: _____ To: _____

Parents signature: _____

_____ Permission to administer medication obtained over the telephone from:

_____ at _____
 (Name of Parent/Guardian) (Time)

on _____ by _____
 (Date) (Caregiver who placed call)

NOTE: The following are recommended procedures for administering medications:

- * Permission should be received from the parent to give medication, either via the telephone or written permission.
- * Medication should be kept in the original container and labeled with the child's name.
- * Over-the-counter medication should be administered as specified on the manufacturer's label, unless written instructions are provided by the physician.
- * Designated caregiver should administer the medication and initial and record the time each dose is given.
- * Unused medication provided by parents should be returned to them.
- * Facilities should have a policy for the use of any commonly used, nonprescription medication for oral or topical use kept on hand for use by any child, with parental consent.

RECORD OF ADMINISTRATION OF MEDICATION

Date	Time	Initials	Amount	Comments

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