



Medication Administration in Child Care

The parent/guardian of _____ ask that child care staff give the
following medication _____ at _____
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is
the parent's/guardian's responsibility to furnish the medication.

The parent/guardian agrees to pick up expired or unused medication within one week of
notification by staff.

Prescription medications must come in a container labeled with: child's name, name of
medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed
health care provider's name. Pharmacy name and phone number must also be included on the
label.

Over-the-counter medications must be labeled with child's name. Dosage must match the
signed health care provider authorization, and the medicine must be packaged in original
container.

By signing this document, I give permission for my child's health care provider to share information
about the administration of this medication with the nurse or staff delegated to administer medication.

Parent's/Guardian's Name Parent/Guardian Signature Date
Work Phone Home Phone Cell Phone

Health Care Provider Authorization to Administer Medication in Child Care

Child's Name: Birthdate:
Medication:
Dosage: Route:
To be given at the following time(s):
Special instructions:
Purpose of medication:
Side effects that need to be reported:
Starting date: Ending date:

Signature of Health Care Provider with Prescriptive Authority License Number
Phone Number Date

Please ask the pharmacist for a separate medicine bottle to keep at child care.
Thank you!