

**H 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 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 be given at each dosage** \_\_\_\_\_

**Instructions (how to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.)** \_\_\_\_\_

**Time of last dosage given at home** \_\_\_\_\_

**Time(s) of dosage(s) to be given at the child care facility** \_\_\_\_\_

*Please give my child the above-named medication at the time(s) and in the amount(s) indicated.*

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**

**To be completed by licensee/staff/caregiver**

Date medication given	Time medication given	Signature of person giving medication