



Great Beginnings

LEARNING CENTER

2021

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 (home or center) 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

All information is required to receive medication

- 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 given by mouth, apply to skin, inhale, drops in eyes, etc.) _____
- Time and date 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.

Required signature _____
Signature of parent/guardian Date

To be completed by licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication