



**CHILD DAY CARE LICENSING  
AUTHORIZATION FOR MEDICATION**

No medication shall be given by day care personnel without the signed permission of parent or guardian. Please complete this form.

Child's Name: \_\_\_\_\_

Name of Medication or Prescription Number: \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Time Medication is to be given: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date and time medication given:	_____	Amount given:	_____
	_____	and staff	_____
	_____	members	_____
	_____	initials	_____
	_____		_____
	_____		_____

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	_____		_____