

## Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Nonprescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

| Childs Name:         |        | Age:                       |              |
|----------------------|--------|----------------------------|--------------|
| I. Medication Name:_ |        |                            |              |
| Amount to be Given:  |        |                            |              |
| Time to be Given:    |        |                            |              |
| 2 Medication Name:   |        |                            |              |
|                      |        |                            |              |
|                      |        |                            |              |
|                      |        |                            |              |
|                      |        | cord of Medications Given: |              |
| I. Medication Name:  |        |                            |              |
| Date and Time        | Amount | Employee Signature         |              |
|                      |        |                            | _            |
|                      |        |                            | _            |
|                      |        |                            | <u> </u>     |
|                      |        |                            |              |
|                      |        |                            |              |
| I. Medication Name   | :      |                            |              |
| Date and Time        | Amount | Employee Signature         |              |
|                      |        |                            |              |
|                      |        |                            |              |
|                      |        | -                          | _            |
|                      |        |                            | _            |
|                      |        |                            |              |
|                      |        |                            |              |
|                      |        |                            |              |
| Parent Signature:    |        |                            | <u>Date:</u> |
| Director Signature:  |        |                            |              |