Department of Public Health and Human Services
Child Care Licensing Bureau

Child Care Medication Authorization Form

A Child Care Provider must not give medication to any child without written and signed consent from the child's parent or guardian, and must administer medication pursuant to directions on the medication label.

Child's Full Name (First and Last):		Child's Birthdate
Name of Medication (as it appears on medication container:		
Dosage:	Start Date:	End Date:
To be given at the following times:		
Reason for Giving Medication to Child/Medical Need:		
Possible Side Effects of Medication:		
Additional Information:		

- **This form is to be completed for the specific dates the medication is to be administered, cannot be "as needed". If the parent/medical professional request the Provider to administer over the counter medication beyond the manufactures recommendations, then a Special Needs Health Care Plan is required which explains why the authorization goes beyond the recommended duration.**
- **Children with chronic health conditions require a Special Needs Health Care Plan approved by a medical professional regarding the child's special health care needs including medication for chronic health conditions such as asthma, or severe allergies.**

Prescription Medication must only be given to the child named on the prescription. Prescription medication must be labeled with: child's first and last name, date the prescription was filled, name and contact information of the prescribing medical professional, expiration date, dosage amount, length of time to give the medication, and instructions for administration and storage.

Non-Prescription Medication must be brought to the program by the child's parent or guardian in the original packaging, and labeled with the child's name. It must only be given to the child named on the label provided by the parent/guardian. Instructions on the label must be followed unless the parent or guardian provides a medical professional's note. Including but not limited too: acetaminophen, ibuprofen, vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gels or tablets.

I hereby give permission for the staff of _____ to give my child the medication as directed above.

_____ _____

Parent/Guardian Signature **Date**

Unused medication:	Returned to Parent/Guardian	Y / N	Date _____
	Discarded appropriately	Y /N	Date/Method _____