



A USEFUL RESOURCE FROM ProSolutions Training!

Authorization to Administer Medication

Child's Full Name _____

Name of Medication _____

Prescribing Physician _____

Prescription Number _____

Time Medication is to be Administered _____

Dosage _____ Route _____

Dates Medication to be Administered _____

Parent/Guardian Signature _____ Date _____

(Child Care Staff Only)

The following section must be completed by the staff member authorized to administer medication. You must document any reason the medication was not administered (i.e., child absent, child refused, child sleeping, etc.) and any adverse reactions or side effects.

<u>DATE</u>	<u>TIME GIVEN</u>	<u>AMOUNT</u>	<u>ADMINISTERED BY</u>	<u>Parent Signature</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes (Record any special instructions from parents.)

Given back to parent Date: _____ Parent Signature _____ Staff Signature _____