

MEDICATION AUTHORIZATION

Dear Parent/Guardian,

Your written permission is required to administer any type of medication to your child. Any prescription drug or over-the-counter drug sent to the center must be in its <u>original</u> container and must be clearly labeled with <u>your child's name</u>, the name of the drug, and the directions for administering the drug. A new authorization form is needed each week. If it is <u>absolutely necessary</u> for your child to be given medication while at the facility, please complete the following information. (Blanket permission forms are not allowed by the Alabama Department of Human Resources.)

Child's Name:				
Medication*:				
Amount of medica	ation to be given: CANNOT administer i	nore medicat	ion th	an the directions call for on the bottle without a doctor's note.)
Instructions (how	to give or apply, such	as: by mout	h, inh	ale, apply to skin, drops in eyes, etc.):
Time of last dosag	ge at home:			
*Prescription medicat	ion must be accompanied	l by a doctor's "r	eturn t	o daycare" slip unless the child has been on the medication for over 48 hours.
	VILL ONLY BE ADMIN MULTIPLE DOSES ARI		.UNC	I TIME. EXCEPTIONS WILL ONLY BE MADE UPON A DOCTOR'S WRITTEN
Special Instruction	าร:			
(Parent Signature)				(Date)
Date	Time	AM/PM		Signature of Person Giving Medication
		AM/PM		
		AM/PM		