Authorization for Prescription Medications

Form provided by the Health Consultant Team at Child Care Aware® of North Dakota

Note: It is required that medication to be brought to child care in the original container. Label must clearly state the child's name, the health care provider, the name of the medication, date, time and dosage.

Use one form for each medication. Please fill out completely and print clearly.

Name of child: _____ **Date of Birth:** _____ **Age:** _____

Medication: _____

Time(s) of day medication is to be given: _____

Special instruction (ex: refrigerate)**:** _____

Reason for medication: _____

Possible side effects: _____

Start date: _____ **End date:** _____

I give permission for _____ to administer the
(Child care provider/facility)

medication listed above to my child, _____
(Child's name)

while in child care, as ordered by my health care provider.

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____ **Date:**_____

Date	Time Given	Dose	Signature

Keep this form in the child's file when medication is finished.

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