AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

BY AUTHORIZED CHILD CARE FACILITY PERSONNEL

I authorize the administration o	
which I have provided to <u>IMAC</u>	(name of medication, vitamins, mineral, supplement, etc.) <u>SINATION STATION</u> .
Child's name:	Dosage:
Time of day for each dose:	Time/date last dose given:
Date(s) administration is author	rized:
Parent's signature:	Date:
Address:	Phone number:
giving any medicine, including medicines are provided by the p for each individual dose of over child care provider is only auth the manufacturer on the bottle. prescribing person's name, the	rage child care regulations prohibit the child care provider from vitamins and mineral supplements to a child unless those parent. The child care provider must have the parent's permission r-the-counter medication (including aspirin) given to a child. The orized to give the same dosage to a child that is recommended by Prescription medicine which has a current label with the child's name, the specific period of time that drug may be which is provided by the child's parent is acceptable.
Name of facility caregiver rece	iving medication:

RECORD OF ADMINISTRATION OF MEDICATION

Date given	Amt./Dosage	Time	Initials		Date given	Amt./Dosage	Time	Initials
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				
				X				