AUTHORIZATION TO ADMINISTER MEDICATION
MEDICATION INFORMATION AND AUTHORIZATION

A. FACILITY AND CHILD INFORMATION

Name – Child Care Center: Building Blocks Childcare Center LLC

Name – Child	Birthdate (mm/dd/yyyy)

B. MEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		☐ AM ☑ PM			
		☐ AM ☐ PM			
		☐ AM ☐ PM			

☐ Yes ☐ No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation. _____ (Name – OTC Medication) _____ (Parent Initials)

Additional information / special instructions / contraindications – Specify.

C. AUTHORIZATION

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian (By typing below you are signing this document)	Date Signed