

MEDICATION / TREATMENT AUTHORIZATION

Dear Parents;

It is essential that we take precaution regarding the administration of medication to children. If you child has a chronic and non-communicable disease, we may administer medication under certain conditions.

1. All medication shall be administered only on the written approval of a parent of guardian.
2. Prescription medication shall be administered only as directed on the label or as otherwise authorized by a physician.
3. Medication must be stored in their original container. The container must have the patient's name and date of expiration.

Please provide the following information:

DAYCARE LICENSED HOME: _____

CHILD'S NAME: _____

MEDICAL PROBLEM(S): _____

IS THE PROBLEM CHRONIC OR ONGOING: YES _____ NO _____

Name of Health Care Provider (DOCTOR): _____

NAME OF MEDICATION: _____

AMOUNT to be given (ex. 1 tsp, 2 tsp,) Please write amount: _____

TIME(S) per day: (1) _____ (2) _____ FREQUENCY: every _____ hours

DATE(S) OF ADMINISTRATION: From _____ to _____
Month/Day/Year Month/Day/Year

NOT TO EXCEED 1 MONTH

Comments of specific instruction: _____

I authorize the day care licensed provider or staff to give the above medication(s):

Signature: _____ Date: _____

Parent/Guardian