<u>MEDICATION AUTHORIZATION</u>

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 medication to be given:_____

*(We **CANNOT** administer more medication than the directions call for on the bottle without a doctor's note.)*

Instructions (how to give or apply, such as: by mouth, inhale, apply to skin, drops in eyes, etc.):_____

Time of last dosage at home: _____

***Prescription medication must be accompanied by a doctor's "return to daycare" slip unless the child has been on the medication for over 48 hours.**

****MEDICATION WILL ONLY BE ADMINISTERED AT LUNCH TIME. EXCEPTIONS WILL ONLY BE MADE UPON A DOCTOR'S WRITTEN DIRECTIVE THAT MULTIPLE DOSES ARE ESSENTIAL.**

Special Instructions: _____

_____ _____

(Parent Signature) (Date)

Date	Time			Signature of Person Giving Medication
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		
		AM/PM		