

AUTHORIZATION FOR MEDICATION

SOUTHGATE MEDALLION FAMILY DAY HOMES

Child's Name: _____

NOTE: The purpose of this form is to allow the day care provider to keep a record of the medication he/she gives a child and for the parents to sign the form giving permission. The parent is to sign the sheet on the morning the medication is given. The medicine is only to be administered as stated on the container, or as explained by the doctor's note accompanying the medication. Please initial each time the medication is given.

DATE	PARENT'S SIGNATURE	NAME OF MEDICATION	DOSAGE – TIME TO GIVE	DOSAGE – TIME GIVEN	PROVIDER'S INITIALS	UNUSUAL REACTION