AUTHORIZATION TO ADMINISTER WEDICATION – CHILD CARE CENTERS WEDICATION INFORWATION AND AUTHORIZATION

The Control of the Co	Date Signed	Date			SIGNATURE - Parent or Guardian
		bove.	are center listed a	o my child by staff of the child ca	I hereby authorize administration of the above medication to my child by staff of the child care center listed above
					C. AUTHORIZATION
	,				
				ons – Specify.	Additional information / special instructions / contraindications – Specify
Parent Initials		Medication	Name - OTC Medication	ooiliikilaatoii.	all authorizing a accade actioned that the priyotette i cochillistication.
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	ted? If "Yes," I have	uld be consult	s physician sho	ication label indicate the child	☐ Yes ☐ No Does the over-the-counter (OTC) med
		∏ АМ ∏ РМ			
	1	☐ AM ☐ PM	1 1 1 1 1 1 1 1 1 1 1 1		
	1	☐ AM ☐ PM			
	1	☐ AM ☐ PM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-
Dates - Medication Time Period From To	How to be Administered	Administered	Time(s) Adn	Dosage	Name – Medication
ge and directions for administration.	el shall include dosa	name. The lab	d with the child's	the original container and labele	B. IMEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.
Birthdate (mm/dd/yyyy)					Name – Child
					Name – Child Care Center
		- agrading child			A. FACILITY AND CHILD INFORMATION

)CF-F-CFS0059-E (R. 04/2020)