Medication Log—Parent Authorization

I hereby authorize, _____
Name of Caregiver

to administer_____ at _____ in the amount of
Name of Medication Time

_____ to be administered _____
Dosage Orally, Topically, Etc.

to _____ on the following dates:_____
Child's Name

as per the written directions on the prescription label or printed manufacturer's label.

_____ _____
Parent's Signature Date

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container. Prescription medication must have the child's name, name of the physician, medication name, and medication directions written on the label. Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Name of Medication	Amount of dosage	Method
Date	Time	Initial