

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
CHILD DAYCARE LICENSING  
AUTHORIZATION FOR MEDICATION

I authorize the daycare center to give the following medicine to

(Child's Full Name)

(Classroom Number)

Name of medicine	Prescription No. or Trade Name	Amount to be given	Method	Time(s) of day to be given	From	To	Describe symptoms that would require the medication to be given on an "As Needed" basis

I understand that medicine must be in it's original, properly labeled container.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_