



Department of Children and Family Services
Child Care Licensing

Authorization for Medication

No medication shall be given by personnel without the signed permission of parent or guardian.

Please complete this form.

Child's Name: _____

Name of Medication to be given: _____

Amount of Medication to be given: _____

Date: _____ Parent's Signature: _____

Date and time Medication given: _____ Amount given and staff initials: ____

Date and time Medication given: _____ Amount given and staff initials: ____

Date and time Medication given: _____ Amount given and staff initials: ____

Date and time Medication given: _____ Amount given and staff initials: ____

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