

AUTHORIZATION TO ADMINISTER MEDICATION

CHILD'S NAME: _____
FIRST NAME SURNAME

Childcare Staff has my permission to:

Administer the following prescription medication/s to my child:

Dosage instructions: _____

Administer the following over the counter medications to my child:

Dosage instructions: _____

Apply the following creams, lotions or ointments on my child:

Application instructions: _____

Apply the following sunscreen or sun block on my child:

Application instructions: _____

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date

IMPORTANT: ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS WITH INSTRUCTIONS. PRESCRIPTION MEDICATIONS MUST HAVE YOUR CHILD'S NAME ON THE LABEL.