



Medication Authorization Form

***Medicine Must Be In Its Original Container.**

***If all information is not filled in completely, Medication will not be given.**

***Clever Daycare as a license holder will not administer or allow administration of medication to a child if your consent form does not follow the label directions.**

Child's Name.....DOB:Weight:

Medication Name:..... Dosage Amount:

Time To Be Given:.....Start Date:

Finish Date:/...../20..... Side Effects / Anticipated Reactions:.....

Expire Date:/...../20... .. Is this medication Prescription : YES NO

If it is non-prescription: Did you follow all the label directions: YES NO

IF IT IS NON-PRESCRIPTION MEDICATION, EXPECTED SYMPTOMS OR REASON TO ADMINISTRATION:..... Why?.....

Special Instructions (ex: To be taken with food, is this the first time the child has taken the med):

.....

Parent's Name:

Parent's Signature: _____ Date:/...../20.....

Check list: (Office use only) **File No:**

Expiry Date ,The dose is following label direction by age by weight.

Time to administer is following label directions. , The reason of the medication to be administer.

Parent's Signature

Medication Authorization by:

Accepted Medication by: **Signature:** _____

Director Approval: _____ **Date:**/...../20.....

Administration Documentation:

Previous time when the medication was given at home:

Date:	Time:	Parent's Signature:	Date:	Time:	Parent's Signature:

Record of administration In program Premises:

DATE:	Time:	Dosage:	Medication:	Staff Signature:

Medication Returned To Parent:

Date:	Signature:	Date:	Signature: