



Medication Form

(As Required)

Medication Authorization

* A separate form must be completed for each type of medication administered.

Child's Name: _____

Name of Medication: _____

Dosage: _____

Times of day to be administered: , ,

Childcare provider name: August Home Daycare

I hereby authorize staff of the above named daycare to administer the above named medication in the dosage and the times of day indicated to the above named child.

Date: ____/____/____
Year Month Day

Signature of parent/guardian

Medication Record

To use this medication record, list the dates down the left hand column and indicate the times of day that the medication was administered. The person who administers the child's medication must place his/her initials in the appropriate box.

| Date Year/Month/Day | Times Administered | | | | | | Comments |
|------------------------|--------------------|----------|------|----------|------|----------|----------|
| | Time | Initials | Time | Initials | Time | Initials | |
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(Termination record on reverse)

