

Authorization for Medication/Treatment

State licensing requirements permit childcare facilities to administer medication under the following guidelines: **1.** All medications shall be administered only on the written approval of a parent or guardian. **2.** Prescription medications shall be administered only as directed on the label or as otherwise authorized by a Physician. **3.** Medications must be stored in their original container. The container must have the patients name, amount to be administered and date of expiration.

Please provide the following information:

Child's Name: _____

Medical Problem: _____

Is the problem chronic or ongoing Yes:_____ **No:**_____

Name Of Medication: _____

Dose to be given: _____

Times/Frequency: _____

Method Of Administration: _____

Dates Of Administration: _____

Comments or specific instructions: _____

I authorize Grace Montessori and its employees to give the above medications to the child listed above:

Parent/Guardian signature:

Physician Signature:
