



Totally Kids Childcare Center

Medication Authorization Form

Medication products of any kind shall be administered only with the Parent/Guardian Consent. All medications must be in the original container (with label) and must have the child's first and last name and legible instructions or prescription label with administration, storage and disposal. Medications will not be given on an "As Needed" basis, specifics **must** be provided.

Child's Name: _____ Class _____
(First) (Last)

Totally Kids Childcare Center personnel have my permission to administer the following medication:

Name & strength of medication _____

Dates & times to be given _____

Amount/Dosage _____ Prescription # _____ Expiration Date _____

Physician's Name & Phone# _____

Special Instructions (if any) _____

Storage & Disposal Instructions. _____

Attention Totally Kids Childcare Center personnel:

This form must be completed in its entirety prior to dispensing medication.

	Date	Time Given	Any Adverse Reactions	Administered By
1				
2				
3				
4				
5				
6				

Parent/Guardian Signature _____

Date: _____

Parent/Guardian Name (Print) _____