

PARENT AUTHORIZATION FOR MEDICATION

Important Note: a doctor’s written permission is required if an over-the-counter medicine does not give instructions on its label for use in the child’s age bracket (many medicines taken by mouth for children between the ages of 2-6 years say “See Physician” for the dosage, and therefore require written permission from a doctor). All medicine must be in its original container. We’re required by law to follow the recommended dosage.

Child’s Name: _____ Parent’s Name: _____

Health Concern: _____

Name of Medication: _____

Expiration on Container: _____ Amount of Dosage: _____

Method of Administration (e.g. by mouth, injection into thigh): _____

Frequency of dosage (every 4 hours) or describe when to administer (e.g. upon ingestion of allergen, cough persists). **DO NOT WRITE “As Needed”** _____

Times to be given by Blossom: _____

How long medication is to be continued: _____

All medication NOT related to chronic conditions will be returned once the duration of the condition has passed.

I authorize Blossom Childcare & Learning Center, Inc. to administer the above medication to my child.

Parent/Guardian Signature

Date

Record of Administration: Filled out by caregivers

Date	Time	Amount	Full Signature