DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CHILD CARE LICENSING

AUTHORIZATION FOR MEDICATION

**Aunt Delores’ Child Care, Inc.**

No medication shall be given by day care personnel without the signed permission of parent or guardian. ***Aunt Delores’ Child Care, Inc.* will not administer any prescription medication without a current prescription on the medication or in the case of non-prescription medication, a note from a physician.** Please complete this form.

Child’s Name:

Name of Medication or Prescription Number:

Amount of Medication to be given:

Time Medication is to be given:

Date: Parent’s Signature:

**Date medication given: Time medication given: Amount given: Staff Member's Initials:**

HRS CYF Form 5013, May 82 (Replaces HRS SES Form 4085 which may be used) Filename : Medication Form