

Parent's Instructions for Medications

Licensing rules permit child care facilities to administer medications to children only with a doctor's written authorization and with written signed directions of parent/guardian.

Please provide the following information:

Child's Name _____ Birthday _____

Health Problem _____

Name of Medication _____ Amount _____

Frequency _____ Method of Administration _____

Times Given at Home _____ Times to be Given _____

How Long Medication to be Continued _____

I authorize Beyond the Rainbow to give the above medication.

Parent/Guardian Signature

Date

Record of Administration (To be filled out by person who gives medication)

Date	Time	Amount	Initials	Date	Time	Amount	Initials

Signature(s) that correspond to initials of person(s) giving medication
