

**Authorization to Administer Medication – Child Care Centers  
Medication Information and Authorization**

**A. FACILITY AND CHILD INFORMATION**

Child Care Center Name	Grace SACC: Sunsational Summer Camp	
Child Name	Birthdate (mm/dd/yyyy)	

**B. MEDICATION INFORMATION:** Medication shall be in the original container and labeled with the child’s name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> AM <input type="checkbox"/> PM <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> AM <input type="checkbox"/> PM <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes    No   **Does the over-the-counter (OTC) medication label indicate the child’s physician should be consulted?** If “Yes,” I have consulted with my child’s physician, and I am authorizing a dosage consistent with the physician’s recommendation.

OTC Medication Name	Parent Initials
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Additional information / special instructions / contraindications – Specify.

**C. AUTHORIZATION**

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian	Date Signed
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