## MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

ADMINISTRATION, INCLUDING TIMES ANI THIS FORM IS VALID ONLY FOR THE DATI	D AMOUNTS FOR ES INDICATED BE	DOSAGES.`A' SEPARATE FORM LOW.	IS NEEDED FOR EA	CH MEDICATION.	
I AUTHORIZE CHILD CARE PERSONNEL T	O ADMINISTER TH	HE FOLLOWING MEDICATION TO	O MY CHILD:		
(PROPER NAME OF MEDICATION)					
CHILD'S FULL NAME		DATE MEDICATION TAKEN FROM	UNTIL		
DOSAGE		TIME(S) OF DAY			
POSSIBLE SIDE EFFECTS					
SIGNATURE OF PARENT(S) OR GUARDIAN			DATE		
RECORD OF ADMINISTRATION					
STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME	