Rainbow Academy℠
A Family of Child Care Centers

Medication Authorization Form

(Please use one form per medication)

The following information is to be completed by the child's health care provider:

Child's Name: _____ Birth date: _____ Wt: _____
Medication: _____ Allergies: _____
Dosage: _____ Route: _____
Time of day medication is to be given: _____
Purpose of medication: _____
Special Instructions: _____
Possible Side Effects: _____
Start Date: _____ End date: _____

_____ _____ _____
Signature of Health Care Provider Phone Number Date

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The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine. **I authorize the Director to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director to contact the health care provider regarding my child's health if necessary.**

I usually do the following to make giving medication to my child easier: _____
_____
_____

Amount of medication brought to child care center: _____

_____ _____
Date Signature of Parent or Guardian

Date and amount of medication returned to parent: _____

_____ _____
Signature of Director Signature of Parent/Guardian