AUTHORIZATIONS TO ADMINISTER PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS

In accordance with HeC4002.16, this form must be completed prior to the administration of any medication (prescription or non-prescription).

Prescription medication will be administered in accordance with the printed label. The medication must be in the original container, and labeled with the child's name and date.

Non-prescription medication will be administered in accordance with the manufacturer's written instructions on the bottle. If there are no instructions, the school may administer the non-prescription medication in accordance with the written, dated and signed instructions from the child's parent and/or the child's licensed health practitioner.

PARENT'S AUTHORIZATION

I authorize child care personnel at ***RainbowLand Child Development Center*** to administer the following

medication to my child: _____ DOB: _____

Name of Medication	Amount	Times	Date – From	Date - To
Ibuprofen		As Needed		
Acetaminophen		As Needed		

Parent/Guardian's Signature: _____ Date: _____

RAINBOWLAND'S RECORD OF MEDICATION

(to be completed by child care personnel for all medication administered)

Medication	Amt	Time	Date	Initials

Medication	Amt	Time	Date	Initials