Kid Country CHILDCARE

Medication Authorization

Prescribed and Over-the Counter

Child's Name:_____

I hereby authorize staff at Kid Country Childcare to dispense the following medication to my child:

_____ Name of medicine

_____ Expiration Date

_____ Amount to be dispensed

_____ Times to be dispensed

_____ Start date

_____ Stop date

This medication should be stored in the refrigerator: ☐ YES ☐ NO

_____ Parent Signature

_____ Date

Record of administered medication:

Date	Time	Dosage	RX #	Administered By

Date medication returned to parent: _____ Signed: _____

Reviewed 12/2017