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MEDICATION ADMINISTRATION AUTHORIZATION FORM

All Prescription and non-prescription drugs, including vitamins and aspirin will be given only when prescribed by the child's doctor and with written consent of his/her parents/legal guardians. Child's Name: Date: The staff members of ACCA Child Development Center have my permission to administer the following drugs and/or medication: Medication and/or Prescription Number: Dosage: ______ Times to be given: _____ Special Instructions: This authorization is effective from: ______ To: _____ (Must not exceed TEN days unless otherwise prescribed by child's physician) Parent's or Guardian's Signature: _____ Medicine/ Medication **Adverse Reaction** Staff's Name Date Time **Error** Dosage