



Authorization for Medication Administration

I authorize MARIA GUADARRAMA to administer over the counter and prescription medicine to my child/children as specified in written instructions.

Names of children:

Holding Hands Daycare agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Holding Hands Daycare to administer medication.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date