Marshall Child Development Center
AUTHORIZATION
FOR
ADMINISTERING MEDICINE

Dear Parent/Guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug sent to the center must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the center, please complete the following information.

Child's Name:____

Medication or Prescription Number:______________________________

Name of Medication:_____________________________________

Doctor's Name:____

Time of Last Dosage at Home:________________________________

Instructions (how to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.):

____

Time of Dosage to be Given:________________________________

Amount of Dosage:______________________________________

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

____

Signature of Parent or Guardian **Date**

Staff: Indicate date, time and amount given with your signature below.			
Date	Time	Amount	Signature

MCDC Form No. 2 (Rev. May 2009)

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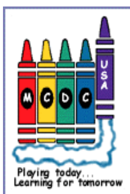

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