

Medication Authorization

This form is for child care centers, day camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

I, _____ authorize the designated personnel of _____
Parent or legal guardian name Program name

to administer the supplied medication listed below to _____
Child's name

Medication to be administered*: _____

Select if medication is for chronic and/or life-threatening condition:

- Chronic Life-threatening

Note: Permission is granted for up to 12 months for chronic or life-threatening conditions

Permission end date (up to 12 months for chronic or life-threatening conditions): _____

Medication Administration

Instructions (must be same as the container, or include a licensed physician's written statement for over-the-counter medication when instructions differ from container instructions):

Reason for medication: _____

Medication storage instructions: _____

Signature

I understand this form is supplied by the Oklahoma Human Services (OKDHS) and no way imposes any responsibility or obligation upon OKDHS. It serves as a convenience to the child care program with safe medication administration.

Parent or legal guardian signature _____

Date _____

Date	Time dispensed	Amount dispensed	Designated personnel signature

*oral medications are administered with a measuring device designed for medication

