

## **Authorization to Dispense Medication**Family Child Care Rule: 290-2-3.11(1)(d)

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

\*It is up to the provider to decide whether or not they dispense non-prescription medication.

Child's Full Name:							
Name of Medication:							
Prescription Number:							
Physician's Name:				Phone Number:			
Date(s) to give medication	on:					1	
Time of day medication is to be given:		a.m. or p.m.		a.m. or p.m.		a.m. or p.m.	a.m. or p.m.
Amount (Dosage) of me to be given each time:	dication						
How medication is to be	stored:		l			1	•
Medication	on Reco	rd to be o	complete	ed by Ch	1	re Provide	
Parent/Guardian Si		and to be a	nomnlote	od by Ch	sid Co		Date
Date	Time (a.m./p.m.)		Amount (Dosage)		Any Adverse Reaction		Signature of person giving medication
If adverse	reaction to	o medicatio	n was not	ed please	describe	e action taker	··

Note: This form must be used for all over the counter medications (e.g., Tylenol, cough syrup, Benedryl) and all prescription medications including the use of a Nebulizer.