BETHESDA CHILD CARE CENTER

AUTHORIZATION TO ADMINISTER MEDICATION

CHILD'S NAME _____

NAME OF MEDICATION (ONLY ONE PER SHEET) _____

PRESCRIPTION NUMBER (ONLY ONE PER SHEET) _____

DATES TO BE ADMINISTERED TO CHILD (2 WKS PER SHEET) _____

AMOUNT TO BE ADMINISTERED _____

TIMES TO BE ADMINISTERED _____

PARENT/ GUARDIAN SIGNATURE _____

FOR CENTER USE ONLY:

DATE	TIME GIVEN	AMOUNT GIVEN	REACTIONS	INITIALS