

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Care Center Medication Authorization

Minn. Rule 9503.014, subp. 07 (licensed centers), Minn. Stat. 245H.13, Subd. 3 (certified centers)

| | | | |
|------------------------------|-------------------|-----------------|--------------|
| CHILD'S FIRST NAME | CHILD'S LAST NAME | DATE OF BIRTH | TODAY'S DATE |
| NAME OF MEDICATION/RX NUMBER | | | |
| DOSE | TIME/FREQUENCY | LAST GIVEN | |
| DATE TO START | DATE TO STOP | EXPIRATION DATE | |

Medications must be stored in original container and labeled with child's first and last name.

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| ADDITIONAL INSTRUCTIONS/COMMENTS |
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Non-prescription medication must be administered according to the manufacturer's instructions unless there are written instructions provided from a licensed physician or dentist. Prescription medication must be administered according to the written instructions from the health professional prescribing the medication. Prescription medication with the child's name and current prescription information on the label constitutes instructions.

Authorization and signature

I authorize the personnel at the child care center listed below to administer the medication named above to my child in the manner as stated. I acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

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| CHILD CARE CENTER AUTHORIZED TO ADMINISTER MEDICATION |
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Signature

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|------------------------------|------|
| PARENT/GUARDIAN PRINTED NAME | |
| PARENT/GUARDIAN SIGNATURE | DATE |

Return or disposal of medication

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| THIS MEDICATION WAS <input type="radio"/> Returned to parent/guardian <input type="radio"/> Disposed of by staff |
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Signature of parent/guardian acknowledging return of medication

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|---------------------------|------|
| PARENT/GUARDIAN SIGNATURE | DATE |
|---------------------------|------|

Signature of staff acknowledging disposal of medication

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| PARENT/GUARDIAN SIGNATURE | DATE |
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