Daycare Medication Authorization Form

Printable fixed-layout template - complete in ink and attach required official records.

Child and medication

Child name _____

Medication name and purpose _____

Dosage and route _____

Time, frequency, and conditions

_____

_____

_____

Start and end dates _____

Instructions

Storage instructions and medication location

_____

_____

_____

Special instructions and precautions

_____

_____

_____

Prescribing provider and phone _____

Authorization

Parent or guardian authorization and date _____ **Date** _____

Prescriber authorization or attached-order reference _____ **Date** _____

Receiving staff verification _____ **Date** _____

Administration log

Important: This template is not a medication order or medical advice. Follow the labeled medication, authorized prescriber instructions, parent consent requirements, staff-training rules, and emergency procedures that apply to your program.

Dose record

Date	Time	Dose	Staff initials	Notes