

Parents, please bring this form to school **FILLED OUT COMPLETELY** if your child will need to take ANY medication during the day.

**Georgia Department of Human Resources
Child Care Licensing Section
Suggested Guide For Authorization For Medication**

Child's Full Name _____

Name of Medication

Prescription Number _____

Time Medication Is To Be Given: _____ Amount of Medication To Be Given: _____

Dates To Be Given

Parent's Signature

Date

For Center Use

Date	Time Given	Amount	Any Adverse Reactions	Administered By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe.
