

**DELAWARE TECHNICAL AND COMMUNITY COLLEGE
WILMINGTON CAMPUS**

CHILD DEVELOPMENT CENTER

AUTHORIZATION FOR MEDICATION

I hereby authorize the staff of the Center to administer the following medication to my child:

_____.
(child's name & birth date)

Medication: _____ Expiration Date: _____

Physician: _____ Physician Phone Number: _____

Pharmacy: _____ Pharmacy Phone Number: _____

Reason: _____

_____ Over-the-counter medication (put child's name on it)

_____ Prescription: must include all pertinent information and be attached to this form or on the label of the medicine.

Dosage: _____

Route: _____

Times to be administered: _____ for _____ days.

Start date: _____ End date: _____

Special instructions: _____

Parent/Guardian Signature: _____ Date: _____

Date	Dosage	Time	Route	Signature of Staff Person
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This form must be filed in child's record after the course of medication is completed.

Attach physician's orders (if a prescription medication, the label will suffice).
A separate form is needed for each medication.
Non-prescription orders are valid for no more than one year from date signed.