



Appletree Childcare & Learning Center

WRITTEN AUTHORIZATION ADMINISTRATION OF MEDICINE

I hereby authorize and instruct Appletree staff to medicate my child as follows:

Name of Child: _____ Medication Name: _____
 Prescription Medication Non-Prescription Refrigeration Required: Yes No

Dosage Amount: _____ Administer at the Following Times: _____ am _____ pm

Number of Doses per Day: _____ or Administer As-Needed

Medication Start Date: _____ End Date: _____ Expiration Date on Label: _____

Prescription medication is being provided in the original package with my child's name on the label.

Special Instructions (include symptoms signaling the need for administration, medication indicators, reasons to withhold medication, contraindications, etc):

I give Appletree permission to administer the following non- prescription items as-needed, (check all that apply):

Diaper Cream Teething Ointment Baby Lotion Baby Wash Baby Shampoo Sun Screen Moisturizer/Lotion
 Insect Repellent Bug-Bite Cream First Aid Ointment Other: _____

Use only the following brand names: _____

(Signature of Parent / Guardian)

(Date)

Medication Log (*Appletree staff completes the following*):

Date	Medication Name	Time Given	Amount	Given By	Comments, Reactions to the Medication

Staff Instructions: This information is **confidential**. It may not be shared or released without the parent/guardian's written permission. Place each completed form in the child's office file.