Office of the
State Superintendent of Education

PLEASE TYPE OR PRINT

# Medication Authorization Form

*Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.1; "No Child Development Facility may provide medicine or treatment, with the exception of emergency first aid, to any child, unless the Facility has obtained a written medical order or prescription from the child's licensed health care practitioner and the written consent of the child's parent (s) or guardian (s)."*
*Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.4; "The Facility shall maintain a medication log, on a form approved by the Director, on which the Facility shall record the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication, each time any medication is administered to a child."*

## Part I: To be completed by the parent/guardian and child's physician:

I do hereby give permission to _____ to administer the
Name of Facility
below noted prescribed medication to my child _____ born on _____.

| Name of Medication | Time/Frequency | Dosage | Effective Dates | |
|---|---|---|---|---|
| | | | From: | |
| | | | To: | |
| | | | From: | |
| | | | To: | |

_____ _____
Signature of Physician Date

_____ _____
Signature of Parent/Guardian Date

## Part II: To be completed by the Center Director or designee:

| Name of Medication | Date | Time Given | Reactions | Staff Initials |
|---|---|---|---|---|
| | | | | |
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