



Medication Authorization

I _____ (name of parent/guardian) give permission for Happy Feet Child Care to give my child _____ (name of child) the following medication: _____ for _____ (reason for taking medication)

Dosage Information:

Amount: _____

Frequency: _____

Method of administration: _____

Day(s) to be administered: _____

Side effects may include: _____

Has this medication been prescribed by a doctor? YES NO
If so, what is the doctors name and telephone? _____

Is this over the counter medication? YES NO
Has your child taken this medication before? YES NO
Were there any reactions or side effects? YES NO
If yes, explain: _____

I AUTHORIZE HAPPY FEET CHILD CARE TO ADMINISTER THE ABOVE LISTED MEDICATION TO MY CHILD ACCORDING TO THE INSTRUCTIONS ON THIS FORM. I UNDERSTAND THAT HAPPY FEET CHILD CARE WILL NOT BE RESPONSIBLE FOR ANY REACTIONS OR SIDE EFFECTS THAT THE ABOVE MEDICATION MAY CAUSE TO MY CHILD.

Signature: _____ Date: _____