

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Care Center Medication Authorization

Minn. Rule 9503.014, subp. 07 (licensed centers), Minn. Stat. 245H.13, Subd. 3 (certified centers)

CHILD'S FIRST NAME	CHILD'S LAST NAME	DATE OF BIRTH	TODAY'S DATE
NAME OF MEDICATION/RX NUMBER			
DOSE	TIME/FREQUENCY	LAST GIVEN	
DATE TO START	DATE TO STOP	EXPIRATION DATE	

Medications must be stored in original container and labeled with child's first and last name.

ADDITIONAL INSTRUCTIONS/COMMENTS

Non-prescription medication must be administered according to the manufacturer's instructions unless there are written instructions provided from a licensed physician or dentist. Prescription medication must be administered according to the written instructions from the health professional prescribing the medication. Prescription medication with the child's name and current prescription information on the label constitutes instructions.

Authorization and signature

I authorize the personnel at the child care center listed below to administer the medication named above to my child in the manner as stated. I acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

CHILD CARE CENTER AUTHORIZED TO ADMINISTER MEDICATION

Signature of parent/guardian

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

☐ I agree	ELECTRONIC SIGNATURE (type name)	DATE
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Return or disposal of medication

THIS MEDICATION WAS	☐ Returned to parent/guardian	☐ Disposed of by staff
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