



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**MEDICATION AUTHORIZATION**

**MEDICATION REQUIREMENT**

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

|                                    |                            |       |
|------------------------------------|----------------------------|-------|
| CHILD'S FULL NAME                  | DATE MEDICATION TAKEN FROM | UNTIL |
| DOSAGE                             | TIME(S) OF DAY             |       |
| POSSIBLE SIDE EFFECTS              |                            |       |
| SIGNATURE OF PARENT(S) OR GUARDIAN |                            | DATE  |

**RECORD OF ADMINISTRATION**

| STAFF NAME | DATE | MEDICATION NAME | DOSAGE | TIME |
|------------|------|-----------------|--------|------|
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |
|            |      |                 |        |      |

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.