



DIVISION OF EARLY LEARNING

Licensing and Compliance Unit

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MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

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:	
			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

PLEASE PLACE A COPY IN THE CHILD’S FILE