



AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION

I hereby authorize **Children's House, Inc.** to administer the following medication(s) to my child _____. **Child's Date of Birth:** _____

Note: The first dose of any medication new to the child must be given at home.

Tylenol
Route*: _____
Strength: _____
Amount/Dose: _____

List any special handling considerations:

Motrin
Route*: _____
Strength: _____
Amount/Dose: _____

List any special handling considerations:

Teething Medication
Product Name: _____
Route*: _____
Strength: _____
Amount/Dose: _____

List any special handling considerations:

Cough/Cold Medication
Product Name: _____
Route*: _____
Strength: _____
Amount/Dose: _____

List any special handling considerations:

Medicated Ointments/Creams
Product Name: _____
Route*: _____
Strength: _____
Amount/Dose: _____

List any special handling considerations:

Other
Product Name: _____
Route*: _____
Strength: _____
Amount/Dose: _____

List any special handling considerations:

Ok to apply to broken skin? _____

Staff who will administer medication is trained in the Administration of Medication

Parent Signature: _____

Daytime Phone #: _____ **Cell #:** _____

Physician's Signature (or Stamp): _____

Phone #: _____

Date: _____ *This form expires one year from the date signed.*

Generic Equivalent Acceptable (**Physician Initial if Acceptable**)

***Route: Topical, Oral (pill or liquid), Injection, Nasal Spray, Inhaler, Drops, etc.**