

Shimek BASP Medication Administration Form

Date: _____

Child's Name _____ Physician's Name _____

Name of Medication (s) _____

Please give the above medication (s) as directed below:

Amount to be given

Doses given per day

At what times given

Number of days to be given

Method of administration

I (we) the undersigned, given daycare authorization to administer the prescribed medication in the amount and method stated above.

Parent (s) or Guardian
signature

Date

DATE

MEDICATION

AMOUNT

TIME GIVEN

INITIAL OF
STAFF (when
given)

All nonprescription and prescription medications require a written parental authorization. - Each prescription shall be clearly labeled with the child's name, physician's name, name of medication, dosage and time medication is to be given. Non-prescription medications shall be in the original container and labeled with the child's name. For long-term medication, do not send more than one month's supply. **mls AUTHORIZATION IS VALID FOR UP TO A MAXIMUM OF 30 DAYS**