

Texas Tech University Child Development Research Center

Phone: 806-742-3016

FAX: 806-742-4210

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION

If the child has a periodic and recurring medical problem, such as headaches, asthma attacks, or allergic reactions, the child's health care professional may sign a medical authorization permitting the child care center to administer the medication when symptoms occur for up to six months. The authorization must include symptoms to watch for. Parents must be notified by the center immediately after administering the medication and must document this in the child's record.

746.3803 Minimum Standards for Child Care Licensing

Name of Licensed Health Care Provider: _____

Address: _____

Phone: _____ **FAX:** _____

First and Last Names of Child: _____

Periodic and Recurring Medical Condition: _____

Symptoms To Give Medicine For: _____

Symptoms that require contacting the physician: _____

Name of Medication	Dosage	Frequency	Method of Administration	Time period for this authorization <i>Not to exceed 6 months</i>

I authorize the administration of the above listed non-prescription medication(s) for the child and the medical condition listed above:

Signature of Licensed Health Care Professional: _____

Date Signed: _____

If this authorization is given by physician's office by phone:

Name and Title of Person Giving Authorization

Date

Name and Title of the CDRC Staff Member Receiving Authorization