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.

### AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION

**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:**

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Method of Administration</th>
<th>Time period for this authorization</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Not to exceed 6 months</td>
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</tbody>
</table>

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:**

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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**