



Authorization to Administer Prescription or Non-prescription Medication

I give permission to the staff members at Step Ahead Learning Center to administer medication to

_____ in accordance with He-C4002.15 and the manufacturer's

(child's name & date of birth)

printed instructions on the following date(s): _____.

Name of medication(s):

Dose:

Time(s) to give:

How to administer: _____.

Possible side effects: _____.

I verify that my child has received the first dose at home with no adverse reaction.

Signature: _____ date: _____

Record of Medication Given: to be completed and filed for ALL medication given.

Name of medication	Amount	Date	Time	Staff initials

Staff record of any medication incidents: