



**Buncombe Street United Methodist Church Child Development Center**  
 200 Buncombe Street | Greenville, SC 29601  
 Church Office (864) 232-7341  
 (864) 233-5050 | fax: (864) 242-4478 | [www.bsumc-cdc.com](http://www.bsumc-cdc.com)



Since 1834

## AUTHORIZATION FOR MEDICATION ADMINISTRATION

Parents – if over the counter medication is not specifically recommended on the label for your child’s age or weight, we ask that you submit a statement signed by a licensed health care professional instructing dosage, time to administer, and by what means. This medication can be specified “as needed” and must be updated each thirty days.

To Be Completed By Parent:

Child’s Name:	Today’s Date:
Name of Medication:	
Administration Time(s):	Dosage:
How the Medication is to be Administered:	
Amount of Time Child is Expected to be on Medication:	
<b>PARENT SIGNATURE:</b>	

To Be Completed By Staff:

Safety Checklist For Prescriptions			
<input type="checkbox"/> Original Prescription Container?	<input type="checkbox"/> Child Restraint Container?		
<input type="checkbox"/> Name of Child of Container?	<input type="checkbox"/> Current Date/Expiration on Prescription Label?		
<input type="checkbox"/> Dosage on Container Matches Authorized Amount Above?	<input type="checkbox"/> Prescribed by a Licensed Health Care Professional?		
Safety Checklist for OTC Medications			
<input type="checkbox"/> Medication in Manufacturers’ packaging?	<input type="checkbox"/> Child’s Name on Container?		
<input type="checkbox"/> Expiration Current?	<input type="checkbox"/> Dosage Matches Authorizations from Parents?		
<input type="checkbox"/> Dosage Above Matches Manufacturers’ Instructions?	<input type="checkbox"/> Blanket Permission?		

DATE	MEDICATION GIVEN	DOSE	TIME	STAFF SIGNATURE

Medication is: \_\_\_\_\_ gone and the container destroyed \_\_\_\_\_ sent home with parent

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_