



# Hillsborough County Florida

## DEPARTMENT OF CHILDREN'S SERVICES CHILD CARE LICENSING DIVISION AUTHORIZATION FOR MEDICATION

No medication shall be given by day care personnel without the signed permission of parent or guardian. Please complete this form.

Child's Name: \_\_\_\_\_

Name of Medication or Prescription Number: \_\_\_\_\_

Amount of Medication to be given: \_\_\_\_\_

Time Medication is to be given: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date and time medication given: _____	Amount given: _____
_____	and staff _____
_____	members _____
_____	initials _____
_____	_____
_____	_____

HC CCL 24 (Rev 11/16)



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