

**FAITH CHILD CARE, INC.**  
**AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICINE**

As stipulated in licensing rule HFS 46.07(6)(f)(1)b, Faith Child Care is only able to distribute prescription or non-prescription medications when they are in the original container and the label includes the dosage and directions for administration. Since the containers of many non-prescription medicines do not include dosage for younger children, we have developed this form. If you would like the staff of Faith Child Care to administer non-prescription medicines to your child, please have your child's physician complete and sign the form below. This will be kept in your child's records for future use. **Please note: only non-prescription medications listed below will be given by Faith Child Care staff.**

I authorize administration of the following non-prescription medications to my patient,

\_\_\_\_\_  
 (Child's full name)

I understand that they will be given according to the directions stated below:

**\*\* Please specify the dosage in teaspoon equivalency**

<i>Variety:</i>	<i>Examples:</i>	<i>Specific brand:</i>	<i>**Dosage:</i>	<i>Frequency:</i>
(Shopko, etc.)				
Fever reducer/	Tylenol or			
Pain control	Motrin			
Cough Suppressant/	Robitussin			
Expectorant				
Cold/Flu	PediaCare or			
Relief	Dimetapp			
Allergy relief	Benedryl			
Gas drops				
Teething gel				
Topical Skin creams	Lotrimin			
	Hyrdocortisone			
Other medications:				

This authorization is effective until \_\_\_ 3 months, \_\_\_ 6 months, \_\_\_ 9 months, \_\_\_ 1 year, \_\_\_\_\_ (other) from the date on this form. Please give a date no later than one year from the date on this form.

Signature of child's physician \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_