State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Bureau of Child Care Standards and Licensing

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

Child Care Agency Name _____ Phone _____

Child's Name _____ Date of Birth _____

INSTRUCTIONS: Medication shall be administer in accordance with He-C 4002.15 (m) 1 through 10

Parent's Authorization

I authorize child care personnel at _____ to administer the
Child Care Agency

Following medications to my child:

Name of Medication	**Amount**	**Times**	**Dates(s) From**	**To**

Parent/Guardian Signature _____ Date_____

MEDICAL HEALTH PRACTITIONER'S AUTHORIZTION TO ADMINISTER NON-PRESCRIPTION MEDICATION
When medication is to be administered differently than as directed by the manufacturer's printed instructions. The non-prescription medications(s) listed below may be administered.

LIST MEDICATIONS AUTHORIZED	DOSAGE	DURATION OR DATE AUTHORIZATION ENDS

Special instructions for Administration _____

Signature of Licensed Health Practitioner _____Date Signed _____

CHILD CARE AGENCY RECORD OF MEDICATION

(to be completed by child care personnel for all medication administered)

Name of Medication	Amount	Time	Date	Initials	Name of Medication	Amount	Time	Date	Initials