



Family Space Quinte Inc.

Licensed Home Child Care Program

MEDICATION AUTHORIZATION AND ADMINISTRATION FORM

To be completed by a parent before any medication is administered by a caregiver.

I authorize the administration of _____
(Type of Medication)

to _____ by _____
(Name of Child) (Family Space Caregiver)

Time of Administration: _____

Dosage: _____

Relevant side effects to be observed, if any:

The authorization is in effect until: _____
(Date)

Medication is to be stored: _____

Parent's Signature: _____ Date: _____

ADMINISTRATION RECORD

Date Given	Time Given	Amount Given	Caregiver Signature	Comments