

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility. The licensee of the child care facility assumes full responsibility for such activities.

_____/_____
Signature of parent/guardian *Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

 This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.

H. Authorization for administering medication

DHR-CDC-1949

AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL

PROCEDURES Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Child's Name _____

Prescription Number _____

Name of Medication _____

Amount of medication to be given at each dosage _____

Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.)

Time of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

Signature of parent/guardian **Date**

To be completed by licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication