

**Authorization**

I hereby authorize \_\_\_\_\_ (name of facility) to administer to \_\_\_\_\_ (name of child) the medication listed below, which has been supplied by me and which is clearly labeled.

Medication	Reason for medication
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Instructions:

Refrigerate?  Yes  No

I understand this form is supplied by Oklahoma Human Services (OKDHS) for the convenience of the child care facility and me and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.

Parent or guardian signature	Date
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**Medication Dispensing Information**

Date	Time dispensed	Amount dispensed	Initials