

# The Britleys for Toddlers

Name of Medication	Date	Time Given	Reactions	Staff Initials

## Medication Authorization Form

*Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.1; “No Child*

*Development Facility may provide medicine or treatment, with the exception of emergency first aid, to any child, unless the Facility has obtained a written medical order or prescription from the child’s licensed health care*

*practitioner and the written consent of the child’s parent (s) or guardian (s).”*

*Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.4; “The Facility shall*

*maintain a medication log, on a form approved by the Director, on which the Facility shall record the date, time of*

*day, medication, medication dosage, method of administration, and the name of the person administering the*

*medication, each time any medication is administered to a child.”*

### Part I: To be completed by the parent/guardian and child’s physician:

I do hereby give permission to \_\_\_\_\_ to administer to the

\_\_\_\_\_

Name of Facility: \_\_\_\_\_

below noted prescribed medication to my child \_\_\_\_\_ born on \_\_\_\_\_.

Name of Medication	Time/Frequency	Dosage	Effective Dates	
			From: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	

525 School Street Southwest, Washington DC 20024

Phone: 202.863.0475 Fax: 202.863.0691

[www.britleystoddlercare.com](http://www.britleystoddlercare.com)

# *The Britleys for Toddlers*

			To:	
			From:	
			To:	

---

Signature of Physician \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date

**Part II: To be completed by the Center Director or designee:**

**PLEASE PLACE A COPY IN THE CHILD'S FILE**