

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS
MEDICATION INFORMATION AND AUTHORIZATION**

A. FACILITY AND CHILD INFORMATION

Name – Child Care Center

Grace Sacc- Sunsational summer camp

Name – Child

Birthdate (mm/dd/yyyy)

B. MEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
Rocky Mountain Sunscreen- SPF 50	Before going outside and every 90 minutes as needed.	M-F <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Exposed skin	6/10/24	8/23/24
Bug Spray- Not to have more than 15% deet- only if necessary		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes," I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation. NA

Name – OTC Medication

NA
Parent Initials

Additional information / special instructions / contraindications – Specify.

If you choose to use a different sunscreen, please cross off "Rocky Mountain" and write in your own. Bring that sunscreen to camp with label included.

C. AUTHORIZATION

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian

Date Signed