

Use this form for non-prescription medications such as acetaminophen, ibuprofen and gas drops.

Non-prescription topical medications need family authorization only.

Community United Child Care Centers, Inc
 Child Development Centers – Administration Office
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 (319) 277-7303, (319) 277-0472 fax



NON-PRESCRIPTION MEDICATION RELEASE
(HEALTH CARE PROVIDER AND FAMILY AUTHORIZED)

rev 02/19/18

To be completed by health care provider:

Child's full name: _____ Date of Birth: ____/____/____

Medication: _____

Dose: _____ Frequency: _____

Start Date: ____/____/____ End Date: ____/____/____

Health Care Provider Printed Name and Phone Number: _____

Health Care Provider Signature: _____ Date: ____/____/____

To be completed by family:

Date medication brought to center: ____/____/____ Amount in container: _____

Time(s) to administer: _____

I give permission to CUCCC to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent/Guardian signature: _____ Date: ____/____/____

DATE	TIME	MEDICATION	DOSAGE	OFFICE STAFF INITIALS
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
/ /	:			
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/ /	:			
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Documentation for non-prescription medication is required only when given to/used on the child. Turn into office after the end date indicated above. Additional sheets can be added to reach the end date without additional health care provider and family signatures.

PD/APD Signature: _____ Date: ____/____/____

