

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION

CHILD & RESIDENTIAL CARE FACILITIES DIVISION Phone: (202) 442-5929 Fax: (202) 442-9430 MAILING ADDRESS: 825 North Capitol Street, NE Second Floor, Suite 2224 Washington, DC 20002

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 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."

o hereby give permission	to administer the					
ow noted prescribed med	born on					
Name of Medication Time/Frequency			Dosage	Effective Dates		
				From:		
				To:		
				From:		
				To:		
					· · · · · · · · · · · · · · · · · · ·	
Sig	nature of Parent/Gua		lesignee:	Date		
_				Date Reactions		Staff Initial
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Please Retain a Copy For Your Records