



**PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19-#23)**

19. If section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the day care program is to administer the medication (i.e. 12pm): _____	
20. I, parent/legal guardian, authorize the day care program to administer the medication as specified in the "License Authorized Prescriber Section" to _____ (child's name)	
21. Parent or legal guardian's name (please print): _____	22. Date authorized: _____
23. Parent or legal guardian's signature: _____	

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#24-#30)**

24. Provider/Facility Name: _____	25. Facility ID number: _____	26. Facility telephone number: _____
27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
28. Authorized child care provider's name (please print): _____	29. Date received from parent: _____	
30. Authorized child care provider's signature: _____		

**ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15**

31. I, parent/guardian, request that the medication indicated on this consent form be discontinued on _____ (date) Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication form must be completed.
32. Parent or Legal Guardian's Signature: _____

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33-#36)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child. _____
34. Licensed Authorized Prescriber's Signature: _____
35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which expect the pharmacy to fill the updated order. DATE: _____ By completing this section the day care program will follow the written instructions on this form and not follow the pharmacy label until the new prescription has been filled.
36. Licensed Authorized Prescriber's Signature: _____