





<b>Child's Name</b>	<b>TRAINING AUTHORIZATION for Administration</b> of Medication or Medical Food completed by parent, trainer, admin, &/or trained child care staff member[s]
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If program must be evacuated, are there items that must be taken with child or does child need assistance? [Check all that apply]

Medication     
  Supplies     
  Assistance Needed     
  N/A

<b>PARENT PROVIDED TRAINING SECTION</b>	or	<b>CERTIFIED PROFESSIONAL TRAINING SECTION</b>
My signature below indicates I have provided instructions for care and/or training for the medical procedure and I give my permission for below listed persons to perform these procedures in my child's medical/physical care plan		My signature indicates I have provided instructions for care and/or training for the medical procedures outlined in this plan
<b>Prescriber's Signature</b>	<b>Date of Signature</b>	<b>LEGIBLY PRINTED NAME</b>
<b>X</b>		<b>PHONE # with AREA CODE</b>
<b>Prescriber's Signature</b>	<b>Date of Signature</b>	<b>Prescriber's Signature</b>
<b>X</b>		<b>Date of Signature</b>

**NAMES & SIGNATURES OF ALL CHILD CARE STAFF MEMBERS WHO HAVE RECEIVED INSTRUCTIONS FOR CARE**  
 and/or have been trained in performing the procedures for this child. Additional can be written/signed on back or an attached sheet.

<b>ADMIN STATEMENT</b>	My signature indicates that I have reviewed the instructions for care, the form for completion and ensured staff are informed and trained.	
Printed Name of Administrator	Signature of Admin	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

**ANNUAL REVIEW SECTION**      This form must be reviewed annually by the parent/guardian to note that all information has stayed the same or changes have been noted. Significant changes require completion of a new form.

Parent/Guardian Initials	Date of Review	Administrator Initials	Date of Review	Date of Staff Review
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**ADMINISTRATION OF MEDICATION/MEDICAL FOOD DOCUMENTATION**  
 Medication/Medical Food is NOT to be administered until after child has received first dose/application at least once prior to us administering to avoid unexpected reactions. Emergency medication for the child are exempt from this requirement.

<b>Child's Name</b>			<b>Name of Medication/Medical Food</b>	To be completed by child care staff listed on this form. Medication or Medical Food must be documented when administered on its own page. Incomplete information elevates the level of risk to the child.  Use additional copy of this section for each item administered
<b>Date</b>	<b>Time</b>	<b>Dosage</b>	<b>Signature</b> of designated person administering medication	