

## Authorization to Administer Medication – Child Care Centers Medication Information and Authorization

### A. FACILITY AND CHILD INFORMATION

Child Care Center Name Grace SACC-Sunsational Summer Camp	
Child Name	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
Coral Isles 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	6/8/2026	8/21/26
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.

OTC Medication Name NA	Parent Initials NA
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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 affixed.

### 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
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