Almost Mom
State of Texas Licensed Home Child Care
Heidi Pearson 8932 Riscky Trl Fort Worth TX 76244 817-741-2762 www.almostmom.net

Medication Authorization Form

(Make as many copies as needed.)

Date: _____

Child's Full Name: _____

Name of medication: _____
(Medication must be in the original container labeled with child's full name.)

Dose to be given: _____ **Time of day**: _____
(Provider must administer the medication in amounts according to the label directions or as amended by a physician.) (I cannot administer medication after it's expiration date.)

- ❑ If a child has a recurring medical problem, such as headaches, asthma attacks, or allergic reactions, the parent or the child's health-care professional may sign a medication authorization form allowing provider to administer the medication for up to a six-month period. If this is applicable to your child please check the box.

Symptoms to watch for:
_____

_____

Competency Statement

I, _____ have determined Heidi Pearson competent to give or apply medication to my child(ren). I understand that Almost Mom In Home Day Care has a responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren).

Parent Signature: _____ **Date**: _____

Provider Signature: _____ **Date**: _____

Provider documentation:

Date	*Time Given*	*Dose*	*Provider Initial*