

Authorization for Prescription and Non-prescribed Medication

*I authorize Rhonda or Steve Williamson and or their appointees to administer the medication listed below, that was prescribed by a licensed physician and/or authorized medical professional for my child. OR it is an “over the counter” medication that can be used for treating symptoms and it is in my opinion necessary for their comfort.*

*My Child:* \_\_\_\_\_

- I have given them the original prescription container with labeled instructions.*
- I have given them the “over the counter” medication to be used.*
- My child has “over the counter” medication stored at R House that is to be used.*
- I do not have any “over the counter” medication for my child, but authorize R House to use the medication listed below. I will replenish what my child uses as soon as possible.*
- Other:*  
\_\_\_\_\_

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*Date:* \_\_\_/\_\_\_/\_\_\_      *Medication:* \_\_\_\_\_

*For treatment of:* \_\_\_\_\_

*Amount:* \_\_\_\_\_      *Times:* \_\_\_\_\_

*I understand that side effects or reactions may occur after taking any medication I authorize to give my child and therefore hold R House, Steve & Rhonda Williamson and their appointees completely harmless from all responsibility while my child is taking the medication.*

*This notification/authorization is for the use of R House Child Care and its appointees. It will be used for each individual prescription, and for each requested non-prescribed medicine for a **duration of one week**. No exceptions!*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_