# Authorization for Self-Administration of Medication and/or a Health Care Procedure

*(applicable to children ages 6-13 only)*

| Child's Name | Child's Age |
|---|---|
| Parent/Guardian's Name | Date |

As the parent/guardian of the above named child, I authorize the administration of attached prescription or non-prescription medication or health care procedure for the treatment of a chronic health condition as described on the attached care plan provided by myself and a health care provider.

I, or another appropriately trained person, have reviewed the care plan, medication and/or equipment, and other applicable documentation/procedures with the authorized staff (at least 2 present at the center) required to supervise the administration of the medication and/or health care procedure.

*Please Attach the Following:*

- ☐ Medical Declaration Statement for School-Age Child Care
- ☐ Care Plan for Children With Special Health Needs
- ☐ Individual Permission for Medication or Health Care Procedure

| Signature of Parent/Guardian | Date |
|---|---|