

## MEDICATION AUTHORIZATION / ADMINISTRATION RECORD

**Child** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician/Nurse Practitioner:** Please complete this section for **over-the-counter (OTC)** medications/oointments that need to be administered during Childcare Center hours by Childcare Center personnel.

**NOTE: Parent may complete this section for prescription medications. Prescription medication must be in original container with the original prescription label. Authorization is required for ALL medications, from both the parent/guardian and the Physician.**

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (NOT TO EXCEED 2 WEEKS FOR OTC MEDICATION)

Instructions: \_\_\_\_\_

Condition for which prescribed: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Physician/Nurse Practitioner's Signature: \_\_\_\_\_

**(REQUIRED FOR ALL MEDICATIONS-MAY BE SEPARATE ATTACHMENT)**

**PARENT / GUARDIAN:** State Child Care Licensing regulations **require a written authorization from parent/guardian** in order for **child care staff to administer medications** (including non-prescription/over-the-counter medications). Please refer to your parent handbook for additional information. **Prescription medication MUST be provided by the child's doctor and include the authorized permission by the doctor.**

- A separate authorization is required for EACH medication.
- Prescription medication must be in a labeled pharmacy container with date clearly stated.
- Parent/Guardian is to give as many doses at home as possible.

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_

**(REQUIRED FOR ALL MEDICATIONS)**

**Center Staff: Please complete all four (4) blanks for each dose given. Signature of staff required below.**

<u>WEEK ONE</u>	<u>Monday</u>		<u>Tuesday</u>		<u>Wednesday</u>		<u>Thursday</u>		<u>Friday</u>	
<b>Date</b>										
<b>Time</b>										
<b>Dosage Given</b>										
<b>Initials</b>										
<u>WEEK TWO</u>	<u>Monday</u>		<u>Tuesday</u>		<u>Wednesday</u>		<u>Thursday</u>		<u>Friday</u>	
<b>Date</b>										
<b>Time</b>										
<b>Dosage Given</b>										
<b>Initials</b>										

<b>Teacher's Name (initials / signature)</b>	<b>Teacher's Name (initials / signature)</b>

Unused medication-Date returned to parent/Date discarded per parent request: \_\_\_\_\_

Staff: Please place this form in the child's file when medication is finished.

**\*\*\*THERE MAY BE EXCEPTIONS FOR CHILDREN WITH CHRONIC HEALTH CONDITIONS AS DEFINED BY THEIR CARE PLAN.**