



MEDICATION ADMINISTRATION AUTHORIZATION

Please give my child, _____, this medication: _____ and dosage _____ to be given at this time(s) _____ according to the Healthcare Provider's signed instructions on the lower part of this form.

The Center agrees to administer medication prescribed by a licensed healthcare provider. It is the parent/guardian's responsibility to furnish the medication and proper dosing device. The parent/guardian agrees to pick up expired or unused medication within one week of notification by staff.

Prescription Medications: must come in a container labeled with: child's name, medication name, time medication is to be given, dosage, date medication is to be stopped, and licensed healthcare provider's name. Pharmacy name and phone number must also be included on the label.

Over the Counter Medications: must be labeled with: child's name, dosage must match the healthcare provider authorization, and medication must be packaged in the original container.

By signing this document, I give permission for my child's healthcare provider to share information about administration of this medication with the nurse or school staff delegated to administer medication.

(Print Parent/Guardian Name)

(Signature of Parent/Guardian)

(Date)

Work Phone: _____ Home Phone: _____

Healthcare Provider Authorization to Administer Medication in Childcare

Child Name: _____ **Date of Birth:** _____

Medication: _____ **Route:** _____

Dosage: _____ **Time(s) to be given:** _____

Special Instructions: _____

Purpose of Medication: _____

Side Effects to be Reported: _____

Starting Date: _____ **Ending Date:** _____

(Signature of Healthcare Provider with Prescriptive Authority)

(License Number)

Phone Number: _____

Date: _____