Medication Authorization

Prescription or non-prescription medication including but not limited to pain relievers, cough syrup, antihistamines, or nose drops, may be given to a child under the following conditions:

1. A medication authorization form signed and dated by the parent is on file.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. Non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering.
4. All medications are secured in a tightly–covered container with a child-proof lock or latch and stored so that they are not accessible to children.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly-covered container with a child-proof lock or latch, clearly marked medication.
6. Parents are informed daily of medications administered to their child.
7. Programs must immediately document the administration of any medication.

Child Name: _____ Date: _____

Medication Name: _____

Dosage: _____ Time to be given: _____

How is the medication to be given: _____

Possible side effects: _____

Does this medication require refrigeration: yes / no   Dates to be given from: _____ to _____

I authorize _____ **to dispense the above medication in accordance with the administration information.**

Signature: _____   **Date:** _____

Date	Time	Dosage	Medication given by (signature)
1. _____	_____	_____	_____

Potential side effects observed: _____

| 2. _____ | _____ | _____ | _____ |

Potential side effects observed: _____

| 3. _____ | _____ | _____ | _____ |

Potential side effects observed: _____

Date	Time	Dosage	Medication given by (signature)

4._____ _____ _____ _____

Potential side effects observed: _____

5._____ _____ _____ _____

Potential side effects observed: _____

6._____ _____ _____ _____

Potential side effects observed: _____

7._____ _____ _____ _____

Potential side effects observed: _____

8._____ _____ _____ _____

Potential side effects observed: _____

9._____ _____ _____ _____

Potential side effects observed: _____

10._____ _____ _____ _____

Potential side effects observed: _____

11._____ _____ _____ _____

Potential side effects observed: _____

12._____ _____ _____ _____

Potential side effects observed: _____

13._____ _____ _____ _____

Potential side effects observed: _____

14._____ _____ _____ _____

Potential side effects observed: _____

15._____ _____ _____ _____

Potential side effects observed: _____

Attach additional pages, if necessary.

Completed medication should be returned to the parent. This record must be maintained in the child's file for at least two years.