

Medication Authorization



Medication may be given to a child under the following conditions:

1. A medication authorization form signed and dated by the parent is on file. Complete a separate form for each medication.
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. For chronic medical conditions, a certified child care center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.
4. All medications are inaccessible to children, with child-resistant caps when available, and stored away from food.
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's 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 the child care program to dispense the above medication in accordance with the administration information.

Signature: _____ Date: _____

Date	Time	Dosage	Medication given by (signature)	Potential side effects observed

