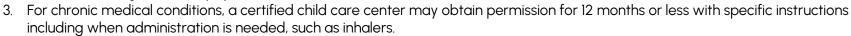
Medication Authorization

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.



- 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 |
|------|------|--------|------------------------------------|------------------------------------|
| | | | | |
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Medication Authorization

| Time | Dosage | Medication given by (signature) | Potential side effects observed |
|------|--------|--|--|
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| | | | |
| | Time | Time Dosage Image: Image | Time Dosage Medication given by (signature) |

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.

Child's Name: _____

Medication:

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