

Medication Authorization

Attach picture
of child here.

See back of form for medication log

Dear Parents: Please make sure you have reviewed and signed our medication policy.

Child's Name: <i>First</i>	<i>Last</i>	Weight:	Date of birth:
MEDICATION INFORMATION			
Medication:		When to give:	
Route: <i>(e.g., by mouth)</i>		Dose:	
Reason for medication:		Medication expiration date:	
		Allergies:	
Start date:	Stop date:	Storage Requirements: Refrigeration: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Special Instructions: <i>(e.g., take with food)</i>		Possible side effects:	
Notes:		Medication last given?	
PARENT PERMISSION TO GIVE MEDICATION			
<ul style="list-style-type: none"> I hereby give permission for the child care staff to administer medication as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medication. I have administered at least one dose of medication to my child without adverse effects, except one-time emergency medications <i>(e.g. Epi Pen)</i>. 			
Parent/Guardian Signature:		Phone:	
Print Name:		Alternate Phone:	
MEDICAL PROVIDER'S INFORMATION			
Name:		Phone:	
Signature:			
Prescription label has medical provider's complete information and name <input type="checkbox"/> YES <input type="checkbox"/> NO			
OFFICE USE ONLY			
Storage location:		Name of staff receiving medication:	
Locked <input type="checkbox"/> YES <input type="checkbox"/> NO Individual Health Care Plan up-to-date? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not required for this medication		Amount of medicine received:	
Emergency Information up-to-date? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:	

