

# 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.

<b>Child's Name:</b> <i>First</i> _____	<i>Last</i> _____	Weight:	Date of birth:
<b>MEDICATION INFORMATION</b>			
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?	
<b>PARENT PERMISSION TO GIVE MEDICATION</b>			
<ul style="list-style-type: none"> <li>I hereby give permission for the child care staff to administer medication as prescribed above.</li> <li>I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medication.</li> <li>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>.</li> </ul>			
Parent/Guardian Signature:		Phone:	
Print Name:		Alternate Phone:	
<b>MEDICAL PROVIDER'S INFORMATION</b>			
Name:		Phone:	
Signature: _____			
Prescription label has medical provider's complete information and name <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>OFFICE USE ONLY</b>			
Storage location:                      Locked <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of staff receiving medication:	
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:	

