



prescription medication authorization/ administration form (page 1 of 2)

Child's Name _____ Birthdate _____

Classroom Name _____ Today's Date _____

To administer prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating child's name, date (covers period when medication is to be given), name of medication, dosage, instructions for use (is consistent with parent's request). doctor's name and phone number. **This label constitutes a doctor's order.**
- Medications are to be given only to the child indicated on the container (twins and siblings cannot share).
- Samples must be accompanied by a doctor's prescription.
- A separate authorization is required for each medication and each episode of illness with the exception of standing individual care plans.
- Parent/guardian is to give as many doses as possible at home.

Medication _____

Reason for giving _____

Start date: _____ End date: _____

Dosage _____ Time(s) to be given at the ECC: _____ AM _____ PM

Last dose was given at _____ AM / PM (circle) on date: _____

Route: by mouth, skin (location) _____, eye (R/L), ear (R/L) (circle)

Possible side effects _____

Special handling/storage instructions: _____ Refrigeration? Yes No (circle)

Parent/Guardian's Signature Required _____

Physician's Signature _____

(for over-the-counter medication requiring medical consent, otherwise the pharmacy label indicates physician's permission)

please complete information on other side

prescription medication authorization/ administration form (page 2 of 2)

Child care provider must record for each dose given with signatures below. NOTE: Assess the child for illness, we do not provide care for ill children.

Days	Date		Time		Dosage		Safety Check		Initials	
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										

Corresponding Signatures: _____

Unused medication: Returned to parents? Yes No

OR discarded appropriately by: _____ Date: _____

NOTE: KEEP THIS FORM IN THE CHILD'S FILE WHEN MEDICATION IS FINISHED.