

# 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.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Medication Authorization

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

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: \_\_\_\_\_

Attach additional pages, if necessary.