

# MEDICATION AUTHORIZATION/ADMINISTRATION RECORD

Child \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN/NURSE PRACTITIONER:** Please complete this section for prescription medications and over-the-counter (OTC) medications/ointments that need to be administered during Childcare Center hours by Childcare Center personnel. **NOTE:** Parent may complete this section for prescription medications.

Medication \_\_\_\_\_  
 Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_ (NOT TO EXCEED 2 WEEKS FOR OTC MEDICATION)\*  
 Instructions for use \_\_\_\_\_  
 Condition for which prescribed \_\_\_\_\_  
 Possible side effects \_\_\_\_\_  
 Physician/Nurse Practitioner's Signature \_\_\_\_\_  
 (Required for ALL medications) (May be separate attachment)

**PARENT/GUARDIAN:** State Child Care Licensing regulations require a written authorization from parent/guardian in order for child care staff to administer medications (including non-prescription/over-the-counter).

- A separate authorization is required for EACH medication. Time(s) to be given at child care \_\_\_\_\_
- Prescription medication must be in a labeled pharmacy container.
- Parent/Guardian is to give as many doses at home as possible.

Parent/Guardian's Signature (Required) \_\_\_\_\_

**CENTER STAFF:** Please complete all four (4) blanks for each dose given. Signature required below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Dosage					
Initials					

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Dosage					
Initials					

Teacher's name (initials/signature)	Teacher's name (initials/signature)

Unused medication: Date returned to parents / Date discarded per parent's instructions \_\_\_\_\_  
 Staff - Please place this form in the child's office folder when medication is finished.  
 \*There may be exceptions for children with chronic health conditions as defined by their care plan.