m1 DEPARTMENT OF HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Care Center Medication Authorization

Minn. Rule 9503.014, subp. 07 (licensed centers), Minn. Stat. 245H.13, Subd. 3 (certified centers)

CHILD'S FIRST NAME	CHILD'S LAST NAME	DATE OF BIRTH	TODAY'S DATE

NAME OF MEDICATION/RX NUMBER		

DOSE	TIME/FREQUENCY	LAST GIVEN

DATE TO START	DATE TO STOP	EXPIRATION DATE

Medications must be stored in original container and labeled with child's first and last name.

ADDITIONAL INSTRUCTIONS/COMMENTS

Non-prescription medication must be administered according to the manufacturer's instructions unless there are written instructions provided from a licensed physician or dentist. Prescription medication must be administered according to the written instructions from the health professional prescribing the medication. Prescription medication with the child's name and current prescription information on the label constitutes instructions.

Authorization and signature

I authorize the personnel at the child care center listed below to administer the medication named above to my child in the manner as stated. I acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

CHILD CARE CENTER AUTHORIZED TO ADMINISTER MEDICATION

Signature

PARENT/GUARDIAN PRINTED NAME	
PARENT/GUARDIAN SIGNATURE	DATE

Return or disposal of medication

THIS MEDICATION WAS   ◯ Returned to parent/guardian   ◯ Disposed of by staff

Signature of parent/guardian acknowledging return of medication

PARENT/GUARDIAN SIGNATURE	DATE

Signature of staff acknowledging disposal of medication

PARENT/GUARDIAN SIGNATURE	DATE

Medication Log

CHILD'S NAME	NAME OF MEDICATION/RX NUMBER	CHILD'S CLASSROOM

Always review the medication instructions and Child Care Medication Authorization Form prior to every administration. This record must be available to the parent or guardian and maintained in the child's record. When medication has been discontinued or expired, it should be returned to the parents/guardians.

Date	Time	Dosage	Staff printed name	Staff signature	Notes