Prescription Medication Authorization/Administration Form

FORM M-200

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: ___/___/___

Program Name: _____ Today's Date: ___/___/___

To administer a 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/nurse practitioners name, pharmacy name and telephone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings can not share).
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician/nurse practitioner's order.
- 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 child care: _____ 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

Parent/Guardian's Signature required: _____

Physician/Nurse Practitioner's Signature: _____

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

Child care provider must record for each dose given with full signatures below

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 (circle one)

by: _____ Date: ___/___/___

***Keep this form in the child's file when medication is finished.**

Non-Prescription Medication Authorization/Administration Form

FORM M-300

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: ___/___/___

Program Name: _____ Today's Date: ___/___/___

To administer non-prescription medication:

- The medication must be in its original container, labeled with the child's first and last name.
- Medications are to be given only to the child indicated on the container (twins and siblings can not share).
- Exact directions will be followed in accordance to the manufacturer's instructions on the container unless accompanied by a physicians/nurse practitioners written permission.
- If the container does not identify a dose for specific age, a physician/nurse practitioners authorization is required. (Use Prescription Medication **Form M-200**).
- A separate authorization is requested for each medication and each episode of illness.
- 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 child care: _____ 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

Parent/Guardian's Signature required: _____

Child care provider must record for each dose given with full 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 (circle one)

by: _____ Date: ___/___/___

*** Keep this form in the child's file when medication is finished.**