Medication Authorization

Child's name _____ Date _____

Office of Child Care Regulations regarding medicine

No prescription medication or non-prescription medication including but not limited to pain relievers, sunscreen, cough syrup, diapering and first aide ointments or nose drops, may be given to a child except under the following conditions:

- **A signed, dated, written authorization by the parent is on file.**
- **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.**
- **Non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering: and.**
- **A written record of all medications administered listing, as a minimum, the name of the child, type of medication, the signature of the person administering the medication, date, time and dosage given, shall be kept.**
- **All medications shall be secured in a tightly –covered container with a child-proof lock or latch and stored so that they are not accessible to children.**
- **Medications requiring refrigeration shall be kept in the refrigerator in a separate tightly-covered container with a child=proof lock or latch, clearly marked medication**
- **Parents shall be informed daily of medication administered to their child**

I authorize _____ to dispense this medication in accordance with the administration information.

Signature _____ Date _____

Medication _____ Dosage _____ Time to be given _____
Possible side effects _____
Dates to be given from _____ to _____

MEDICATION GIVEN BY	DOSAGE	DATE	TIME	SIDE EFFECT