



# MEDICATION AUTHORIZATION FORM

### TO BE COMPLETED BY PARENT

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Name \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### To administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy  
 The child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication, 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 physicians/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: \_\_\_\_\_ Times to be given at child care: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM/PM On date \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L)

Possible side effects: \_\_\_\_\_

Special handling/storage Instructions \_\_\_\_\_

Refrigeration Y/N

Parent/Guardian Signature (required) \_\_\_\_\_

Physician/Nurse Practitioners Signature \_\_\_\_\_

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### Non-Prescription Medication:

- Parent is required to bring these medications from home.
- Medication must be in an original container, with child's name on the container.

Medication: \_\_\_\_\_ Health Care Provider \_\_\_\_\_

**For children under 2, list the name of the health care provider who recommended this medication.**

Reason for giving: \_\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given at child care: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage was given at \_\_\_\_\_ AM/PM on date \_\_\_\_/\_\_\_\_/\_\_\_\_

Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L)

Note: **Epipens and Allergies:** We realize the importance of educating staff in handling life-threatening allergies. In today's climate, it's something that is quite common. Staff training regarding life threatening allergies ensures a proactive approach to safety. Our staff are CPR and First Aid trained so they will respond appropriately should there be an anaphylactic and/or allergic reaction. [Please bring two (2) epipens to camp. Your child should keep an epipen on them at all times and we will keep the other in our first aid kit, which is always located close to our staff. Please be sure to label all of your child's epipens with their first and last name.

Unused medication: Returned to Parent Y/N or, discarded appropriately (circle one)

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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