Medication Authorization

All long and short-term medications must be current, in its original container and labeled with the child's full name. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage. Follow state guidelines for new authorization. If guidelines are not stipulated for short term medications, all authorizations must be updated every 2 weeks. If guidelines are not stipulated for long-term medications, all authorizations must be updated every month when medication is changed and when child transitions to the next classroom.

Child's Full Name						Date of Birth		
Classroom Prescription Number Start Date		Name	Name of Medication				Does the medication require refrigeration?	
		Expira	ation Date	Physician Name Time to Dispense		Physician Number Dosage Amount		
		End D	ate					
				a.m.	p.m.			
Will the	medication b	e sent hom	e daily?					
Y	N							
Parent/Guardian Signature						Date		
Authorized Person's Signature						Date		
		С	enter Use Only	- Record of Dispensati	on —			
Date	Time	Dosage	Adverse Reac	tions/Reason Not Given	Admi	dministered by (Full Signature)		
Disnosal	of Leftover Me	dication:	Returned to C	hild's Parent/Guardian F	Date:			
Disposal of Leftover Medication: Returned to Child's Parent/Guardian Date: Authorized Person's Signature						Date		

^{*}If noticeable adverse reaction to medication occurs, parents must be notified immediately.

^{*}If child is not given medication at the exact time indicated, list reason here.