early childhood center

you belong at the center. experience it.

Non-Prescription Medication Authorization/ Administration Form

Child's Name:_____ Date of Birth:_____

Classroom 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 cannot share).
- Exact directions will be followed in accordance to the manufacturer's instructions on the container unless accompanied by a physician's written permission.
- If the container does not identify a dose for a specific age, a physician's/nurse practitioner's authorization is required.
- A separate authorization is required for each medication and each episode of illness **with the exception of standing individual care plans.**
- **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 ECC: _____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 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 (circle one): Returned to parents? □ Yes □ No **or** discarded appropriately by: _____ Date ____/____/____

sabes jcc