



# non-prescription medication authorization/administration form (page 1 of 2)

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

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 the 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 (circle)

Parent/Guardian's Signature Required \_\_\_\_\_

please complete information on other side

# non-prescription medication authorization/administration form (page 2 of 2)

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: Returned to parents?  Yes  No

OR discarded appropriately by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: KEEP THIS FORM IN THE CHILD'S FILE WHEN MEDICATION IS FINISHED.