

AUTHORIZATION TO ADMINISTER MEDICATION TO A CHILD

DO NOT FILL OUT this form if your child does not need medication administered at the program.

COMPLETE ONE FORM FOR EACH MEDICATION

Medication prescribed for children brought from home shall only be administered if it is from the original container bearing the pharmacy label and with this written permission form from the parent/guardian.

"Medication" is any substance a person takes to maintain and/or improve his/her health. This includes vitamins & natural remedies. If the child brings any medication from home, a written authorization to administer the medication must be signed by a parent or guardian. This is the written authorization. We must have this on file two weeks before you child attends the program.

CHILD'S FULL NAME: _____ Date of Birth: _____

Parent/Guardian Name: _____

Food/Drug Allergies: _____ Diagnosis (disclose at parent's discretion): _____

Name of Licensed Prescriber: _____ Telephone #: _____

Name of Medication: _____ Dosage to be Given: _____

Route of Administration: _____ Frequency: _____ Date Ordered: _____

Duration of Order: _____ Quantity Received: _____ Expiration date of Medications Received: _____

Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (disclose at parents' discretion): _____

Location where medication administration will occur: _____

- 1) Medication prescribed for children shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for children shall be kept in the original containers containing the original label, which shall include the directions for use, and additionally labelled with the child's name.
- 2) Medication shall only be administered by the health/program supervisor or by a licensed health care professional authorized to administer prescription medications.
- 3) When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

I hereby authorize the Program staff to administer to my child listed on this form the medication(s) listed above listed above, in accordance with Commonwealth of Massachusetts Regulations 105 CMR 430.160.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CHILD'S FULL NAME: _____

FOR OFFICE USE ONLY

SCREENED BY: _____ DATE: _____ NOTES: _____

MED RECEIVED DATE: _____ STAFF: _____ MED RETURNED DATE: _____

MEDICATION ADMINISTRATION LOG

STAFF USE ONLY: Use one log per child, per medication

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	DATE					
	TIME GIVEN					
	STAFF					
WEEK 2	DATE					
	TIME GIVEN					
	STAFF					
WEEK 3	DATE					
	TIME GIVEN					
	STAFF					
WEEK 4	DATE					
	TIME GIVEN					
	STAFF					
WEEK 5	DATE					
	TIME GIVEN					
	STAFF					
WEEK 6	DATE					
	TIME GIVEN					
	STAFF					
WEEK 7	DATE					
	TIME GIVEN					
	STAFF					
WEEK 8	DATE					
	TIME GIVEN					
	STAFF					

PARENT NAME _____ PARENT PHONE _____

PARENT NAME _____ PARENT PHONE _____

NOTES: