

# The Country Playhouse Academy

## Medication Authorization Form

State licensing requirements permit childcare facilities to administer medications under the following guidelines:

1. All medications shall be administered only on the written approval of a parent or guardian.
2. All medications shall be administered only as directed on the label or as otherwise authorized by a physician.
3. **Medications must be stored in their original container.** The container must have the patient's name, amount to be administered, physician's name, and date of expiration printed on it.
4. We may not mix medications in food unless we have written directions to do so from a health care provider with prescriptive authority.
5. If the medication label does not give the dosage direction for the child's age, we must have written permission from a health care provider with prescriptive authority.

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### Complete by Parent/Guardian

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Problem: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ How to give medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How often: \_\_\_\_\_ Expected Side Effects: \_\_\_\_\_

Comments or Specific Information: \_\_\_\_\_

I authorize The Country Playhouse Academy and its faculty to give the above medication(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This medication will be stored: \_\_\_\_\_

Staff's Signature: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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Date	Time	Dosage	Initials	Reason <u>NOT</u> Given	Side Effects Observed

