

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

IN ACCORDANCE WITH NAEYC 5.A.11, THIS FORM MUST BE COMPLETED PRIOR TO THE ADMINISTRATION OF ANY PRESCRIPTION OR NONPRESCRIPTION MEDICATION. PRESCRIPTION MEDICATION WILL BE ADMINISTERED IN ACCORDANCE WITH THE PRINTED PRESCRIPTION LABEL, WHICH MUST BE ATTACHED TO THE ORIGINAL PRESCRIPTION CONTAINER. NON-PRESCRIPTION MEDICATION MUST BE IN ORIGINAL CONTAINER, AND WILL BE ADMINISTERED IN ACCORDANCE WITH THE MANUFACTURER'S PRINTED INSTRUCTIONS. IF THERE ARE NO MANUFACTURER'S PRINTED INSTRUCTIONS FOR THE AGE OF THE CHILD, THE PROGRAM MAY ADMINISTER THE NON-PRESCRIPTION MEDICATION IN ACCORDANCE WITH THE WRITTEN, DATED AND SIGNED INSTRUCTIONS FROM THE CHILD'S PARENT, INCLUDING A STATEMENT THAT THE INSTRUCTIONS HAVE BEEN REVIEWED/APPROVED BY THE CHILD'S LICENSED HEALTH PRACTITIONER, OR WITH SIGNED, DATED WRITTEN INSTRUCTIONS FROM CHILD'S LICENSED HEALTH PRACTITIONER.

PARENT'S AUTHORIZATION

I AUTHORIZE CHILD CARE PERSONNEL AT FUMC Preschool/ PDO TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

CHILD'S NAME

DATE OF BIRTH

Name of Medication	Dosage	Times to Administer	Amount Given	Route

PRINTED NAME AND PHONE NUMBER OF CHILD'S LICENSED HEALTH PRACTITIONER

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

PHYSICIAN'S AUTHORIZATION:

THE ABOVE MEDICATION INSTRUCTIONS WERE:

- REVIEWED AND APPROVED BY THE ABOVE NAMED LICENSED HEALTH PRACTITIONER
- COMPLETED BY THE LICENSED HEALTH PRACTITIONER WHO'S SIGNATURE IS BELOW

LICENSED HEALTH PRACTITIONER'S SIGNATURE

DATE SIGNED

SIGNATURE AND POSITION TITLE OF PERSON SUPERVISING ADMINISTRATION/CONTROL OF MEDICATION

DATE SIGNED

***CONFIDENTIAL PROTECTED HEALTH INFORMATION:** this document contains or requests "protected health information" within the meaning of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal and Texas law and District policy prohibit and require utilization of appropriate safeguards against wrongful use, assess or disclosure of protected health information, other than as allowed by applicable Federal and State law and District policy. Wrongful access, use, or disclosure of this information may expose violators to civil and criminal liability under Federal and/or State law, discipline by the District or both.*

FUMC Preschool/PDO

Medication Administration Request

Texas law permits schools to administer medication prescribed by a physician/licensed prescriber and OTC medication to a child on behalf of the parent or legal guardian under certain limited circumstances with an appropriate written authorization. The only medication that may be given at school is that which is necessary to enable the student to remain in school. If possible, all medication should be given outside of school hours. Three times a day medications can be given before school, after school and at bedtime. All medications and equipment shall be provided by the parent or legal guardian. If necessary, medication can be given at school under the following conditions:

1. Medications must be in original, properly labeled containers. The pharmacy can supply two (2) labeled bottles for this purpose. Medications sent in baggies or unlabeled containers will not be given.
2. Medications will not be given without a specific written request signed by at least one parent or legal guardian and physician/licensed prescriber. This request should be made on the appropriate form supplied by the school.
3. Medications may be administered by the director or school nurse.
4. Medications must be readily available and stored in a safe manner, inaccessible to children. Epi-Pens are kept in an unlocked and labeled cabinet in the child's classroom for quick access to staff in an emergency.

Please contact the director or school nurse if there are any questions.