

The Country Playhouse Learning Center

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 or baby bottles 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 or weight, we must have written permission from a health care provider with prescriptive authority.

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 Learning Center, Inc. and its employees to give the above medication(s).

Parent/Guardian Signature: _____ **Date:** _____

This medication will be stored: _____

Staff's Signature: 1. _____ 2. _____

Physician's Signature: _____

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

