

Medication Authorization Form

Parent or Guardian: The information in this form is required for medication that will be given by the early learning or child care program staff to your child that is not included in a care plan. Please notify the program if there are changes to the medication or your child's health condition.

Early Learning or Child Care Program Staff: Medications must be given as directed by the medication label or packaging. Never give an expired medication. An expired medication must be replaced, and the updated expiration date must be added to this form. Each medication must have its own Medication Authorization Form.

Look at the medication(s) for the child and make sure they each have:

- The original packaging.
- Child's first and last name is written on the medication container.
- A measuring device that matches the amount of medication to give (dose). For example: the medication label says to give 5mL of medication, so the measuring cup or syringe should have a marker for 5mL.

A healthcare provider's signature is required if the directions on the medication label or packaging of an over-the-counter medication:

- Do not list how much medication to give for the child's age
- Do not match the directions listed below
- Recommend asking a doctor before using the medication

Child's name: _____

Child's date of birth: _____

Name of medication: _____

Reason for medication: _____

Possible side effects of medication: _____

Medication expiration date: _____

When to give the medication (do not write 'as needed' or 'ongoing'; list symptoms or times of day to give the medication): _____

How much medication to give (must include dose of medication): _____

How long to give the medication (do not write 'as long as needed' or 'ongoing'; write a date to stop giving medication, no longer than 1 year): _____

How to give the medication (for example: by mouth [oral], on skin [topical], injection, etc.): _____

Medication requires special storage: Yes No

If yes, specify (for example: refrigerate; keep away from light; etc.): _____

Additional instructions: _____

Parent or Guardian: By signing below, I give the program permission to give this medication to my child as described on this Medication Authorization Form. I understand that a healthcare provider must also sign this form or supply a signed note if the information above does not match the medication label or packaging.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____

Healthcare Provider: If the medication label or packaging differs from the information listed above, your signature or a signed note is required.

Healthcare Provider Name (Printed): _____

Healthcare Provider Signature: _____

Healthcare Provider Phone Number: _____

Date: _____

Medication Log

Program Staff: Please print a Medication Log for each medication (including any 3-Day Critical Medication).

Child's name: _____

Child's date of birth: _____

Name of medication: _____

Date	Time	Dose	Person Giving Medication (*Initials)	Reason Medication Was Not Given	Observed Side Effects

Initials*	Printed Name and Signature of Person Giving Medications