

# MEDICATION AUTHORIZATION FORM

## TO BE COMPLETED BY PARENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program Name Boulder Elementary School Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### To administer a prescription medication:

- The medication must be in it's original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication, doctor's/nurse practitioners name, pharmacy name and telephone number
- Samples must be accompanied by a doctor's written prescription
- Medications are to be given only to the child indicated on the label (twins and siblings can not share.)
- A separate authorization is required for *each medication* and *each episode* of illness
- Label constitutes the physicians/nurse practitioner's order
- Parent/Guardian is to give as many doses as possible at home.

Medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given at child care: \_\_\_\_\_ AM \_\_\_\_\_ PM

First dose was given at \_\_\_\_\_ AM/PM on date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Medication Log needs to reflect Parent's first dose for each day.)

Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L)

Possible side effects: \_\_\_\_\_

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

Parent/Guardian Signature (required) \_\_\_\_\_

Physician/Nurse Practitioners Signature \_\_\_\_\_

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### Non-Prescription Medication:

- Parent is required to bring these medications from home.
- Medication must be in an original container, with child's name on the container.

Medication: \_\_\_\_\_ Health Care Provider \_\_\_\_\_

"For children under 2, list the name of the health care provider who recommended this medication."

Reason for medication: \_\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_ Times to be given at child care: \_\_\_\_\_ AM \_\_\_\_\_ PM

First dose was given at \_\_\_\_\_ AM/PM on date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Medication Log needs to reflect Parent's first dose for each day.)

Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L)

Possible side effects: \_\_\_\_\_

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

Parent/Guardian Signature (required) \_\_\_\_\_

Unused medication: Returned to Parent Y/N Date \_\_\_\_/\_\_\_\_/\_\_\_\_ or Discarded appropriately Y/N Method \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Keep in the child's file when medication is finished.**