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**Medication/Treatment Authorization**

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| **CHILD’S DETAILS** |
|  | Class |  | Child’s Name |
|  | Age | Male Female | Gender |
|  | Name ofMedication |
|  | Treated Condition Being |
| State Licensing requirements permit childcare facilities to administer medicationunder the followings guidelines: |
| 1. All medication shall be administered only on written approval of a parent or guardian.2. Prescription medications shall be administered only as directed on the label oras otherwise authorized by a physician.3. Medications must be stored in their original container. The container must havethe patient’s name, amount to be administered, and date of expiration |
| **MEDICATION TO BE GIVEN** |
|  | Time |  | Date |
|  | Dosage to begiven |
|  Orally Topically Nasally Other:…………………  | Method ofAdministration |
| Possible side effects or Interaction with the medication: |
| I authorize Teddys Inn Nursery and its employees to give the aboveMedication to my child. |
|  | **Date** |  | **Parent’s Signature** |
| **Medication Administration Record** |
| **Parent’s Signature** | **Reaction** | **Administered By** | **Dosage** | **Time** | **Date** |
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