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**Medication/Treatment Authorization**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CHILD’S DETAILS** | | | | | | | | | | | | | | | | |
|  | | | | Class | |  | | | | | | | Child’s Name | | | |
|  | | | | Age | | Male Female | | | | | | | | Gender | | |
|  | | | | | | | | | Name of  Medication | | | | | | | |
|  | | | | | | | | | Treated Condition Being | | | | | | | |
| State Licensing requirements permit childcare facilities to administer medication  under 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 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, and date of expiration | | | | | | | | | | | | | | | | |
| **MEDICATION TO BE GIVEN** | | | | | | | | | | | | | | | | |
|  | | | | | | | | Time | | | |  | | | Date | |
|  | | | | | | | | | | | | | Dosage to be  given | | | |
| Orally Topically Nasally Other:………………… | | | | | | | | | | | | | Method of  Administration | | | |
| Possible side effects or Interaction with the medication: | | | | | | | | | | | | | | | | |
| I authorize Teddys Inn Nursery and its employees to give the above  Medication to my child. | | | | | | | | | | | | | | | | |
|  | | **Date** |  | | | | | | | | **Parent’s Signature** | | | | | |
| **Medication Administration Record** | | | | | | | | | | | | | | | | |
| **Parent’s Signature** | **Reaction** | | | | **Administered By** | | **Dosage** | | | **Time** | | | | | | **Date** |
|  |  | | | |  | |  | | |  | | | | | |  |
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