

Medication Authorization Form

Each medication must have its own Medication Authorization Form.

This authorization form is valid until: _____

(Unless otherwise indicated, medication authorizations are valid for 1 year from the date of the healthcare provider's signature on the care plan).

Child Care Program Staff: A new Medication Authorization Form should be completed and signed by the date above, or sooner, if there are changes to the medication or child's health condition. If a medication expires before the date above, you do not need to complete a new form. However, the medication must be replaced with one that has not expired, and the new expiration date added to this form. Never give an expired medication.

Additionally, over the counter (OTC) medications do not need a healthcare provider's signature unless the instructions below are different than what is written on the medication label or packaging.

Child's name: _____

Child's date of birth: _____

Name of medication: _____

Reason for medication: _____

Medication expiration date: _____

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

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

Possible side effects of medication: _____

Route of medication administration (for example: injection, by mouth [oral], on skin [topical], etc.): _____

Medication requires special storage: Yes No

If yes, specify (for example: refrigeration, light sensitivity): _____

If medication is over the counter (OTC), early learning providers must follow the instructions on the medication label or packaging, or the parent or guardian must provide a healthcare provider's note allowing off-label use.

Additional instructions: _____

Healthcare Provider Name (Printed): _____

Healthcare Provider Signature: _____

Healthcare Provider Phone Number: _____

Date: _____

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____