

AUTHORIZATION FOR MEDICATION

Name of Child: _____

Medication: _____ Expiration Date: _____

Reasons for Medication: _____

Please ✓ the appropriate medication type: All medication MUST be in original container

Prescription*(see below)

Non-Prescription

Oral

Topical for open wound/broken skin
(Physician signature required)

Topical (**NOT** open wound/broken skin)
(Physician signature **NOT** required)

Please ✓ one of the following:

My child has previously taken this medication

My child has **NOT** previously taken this medication but this is emergency medication and I give permission for Staff to give this medication in accordance with the Individual Health Care Plan.

Medication Details

Dosage: _____

Dates & Times medication to be given: _____

Possible side effects: _____

Directions for storage: _____

Name of Health Care Provider: _____

Address: _____

Phone Number: _____

Physician's Signature: _____ Date: _____

I, _____, (parent/guardian) give permission for CEEC Staff to administer medication to my child as directed above.

Parent/Guardian Signature: _____ Date: _____

***All prescription medication must be in original container with child's name and original label affixed.**

***No Staff will administer medication contrary to directions on container unless authorized in writing by Health Care Provider.**

FOR STAFF USE

- *Only full-time CEEC professional staff administer medication to children.
- *Complete the Medication Administration log with each dose given
- *For **diaper cream**, log is not required but parents must be informed via the Child’s Daily Sheet/parent note when used.

Before Administering confirm the 5 Rights of Medication
(correct medication, correct child, correct time, correct dose, and correct route)

Medication Administration Log

*Confirm the date on the prescription is current.

Child’s Name (First & Last)	Medication Name	Dosage & Method Given	Date & Time Administered	Staff Member Name

(A missed dose or inaccurate dosage is considered a medical error and is noted on the log with the reason why missed. Report a medical error immediately to the Assistant Director/Director and complete an Injury/Illness form. If the child requires emergency medical treatment EEC must be notified.)

Date Medication Returned to Parent/Guardian: _____

Parent/Guardian Signature: _____

Returned by (CEEC Staff): _____