CENTER FOR EARLY EDUCATION AND CARE
AUTHORIZATION FOR MEDICATION

(EEC Regulation 606CMR 7.11(2))

☐ Prescription  ☐ Non-prescription (physician signature required below)

Child’s Name: ________________________________

Medication: ________________________________ Expiration Date of Medication: __________________

Reason for Medication: ________________________________

Dates to be given: ________________________________ Dosage: ________________________________

Time(s) to be given: ________________________________ Method of Administration: ________________________________

Possible side effects: ________________________________

In accordance with EEC Regulation 606CMR 7.11(2) (check all that apply to this medication):

All Medication:
☐ Only full-time CEEC professional staff administer medication to children.
☐ Each time a medication is administered, the staff member documents the following on the Medication Administration Log (see reverse): the child’s name, the medication, the dosage, the date and time, the method of administration, and the name of who administered the medication.
☐ No staff member shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.
☐ All medications are kept in a locking medication box located near the First Aid Kit out of reach of children.

Prescription Medication:
☐ Prescription medication must be in the container in which it was originally dispensed and with the original label affixed.
☐ Staff members may not administer medication contrary to the directions on the original container, unless authorized in writing by the child’s licensed health care practitioner. Any medication without clear instruction on the container must be administered in accordance with a written physician or pharmacist’s descriptive order.

Non-Prescription (over-the-counter) Medication:
☐ Over-the-counter medication must be in the original manufacturer’s packaging and have the child’s full name on the container.
☐ Authorization for over-the-counter oral medication given for specific symptoms must be renewed weekly and signed by the parent and physician.
☐ Authorization for over-the-counter oral medication given for unanticipated mild symptoms must be renewed annually and signed by the parent and physician.
☐ Authorization for over-the-counter topical medication (i.e. antibiotic ointment) applied to open wounds or broken skin must be renewed annually and signed by the parent and physician.
☐ Use of diaper cream is recorded on the medication log and noted on the individual Daily Summary Sheet.
☐ Authorization for over-the-counter topical medication to be applied to the skin for preventative purposes must be renewed annually and signed by parent. (Use separate sunscreen/insect repellent, hand cream, and chapstick form).

I hereby authorize the staff of the Center for Early Education and Care to administer the medication named above to my child according to the instructions above.

Parent Name (print): ________________________________

Parent Signature: ________________________________ Date____/____/____

Physician Name (print): ________________________________

Physician Signature: ________________________________ Date____/____/____ (required for non-prescription/over-the-counter medication)

Received by (CEEC Staff): ________________________________ Date Received ____/____/____

*See Reverse Side for Medication Administration Log*
Medication Administration Log

(A missed dose or inaccurate dosage is considered a medical error and are 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.)

<table>
<thead>
<tr>
<th>Child’s Name (First &amp; Last)</th>
<th>Medication Name</th>
<th>Dosage &amp; Method Given</th>
<th>Date &amp; Time Administered</th>
<th>Staff Member Name</th>
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Date Medication Returned to Parent/Guardian: _______________________________

Parent/Guardian Signature: ____________________________________________

Returned by (CEEC Staff): ____________________________________________