



# Medication Authorization Form

Both prescription and non-prescription medication shall be accepted only in its original container.

- 1) **Prescription medications:** labeled with the full pharmacy label.
- 2) **Over the counter (non-prescription) medication:** clearly labeled with the child's first and last name. The container shall be in such condition that the name of the medication and the directions for use are clearly readable.

TODAY' DATE \_\_\_\_\_

CHILD'S NAME	CHILD'S DATE OF BIRTH	CHILD'S WEIGHT
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**\*Please keep in mind that as children gain weight the dosage will change. Please fill out a new form when your child's dose changes!**

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time or Frequency Medication should be given \_\_\_\_\_

Route of administration: **Oral** **Topical** **Inhaled** **Other:** \_\_\_\_\_

I have provided the following administration tool:

**CUP** **SYRINGE** **OTHER** \_\_\_\_\_

DATE TO START MEDICATION:	DATE TO END MEDICATION:	MEDICATION EXPIRATION DATE:
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Any known side effects:

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (PRINT NAME) \_\_\_\_\_, authorize Little Legends Learning Center personnel to administer the medication named above to my child in the manner as stated. **I acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form should be copied and stored in the **classroom** as well as in the **office binder**. All medications should be stored at the front office unless frequent topical administration is needed.*

# Medication Administration Record

<u>TIME LAST DOSE WAS GIVEN BY GUARDIAN</u> (Teachers will need to ask and keep record of this information)	<u>DATE</u>	<u>MEDICATION</u>	<u>DOSAGE</u>	<u>METHOD</u>	<u>TIME GIVEN BY STAFF MEMBER</u>	<u>STAFF MEMBER ADMINISTERING THE MEDICATION</u> (Lead Teacher per DCFS)

***MUST FILL OUT A NEW FORM WHEN A CHILD TRANSITIONS OR CHANGE IN DOSAGE IS NEEDED  
(weight gain, doctor orders, etc.)***