MEDICATION AUTHORIZATION/ADMINISTRATION RECORD

Child ____ Date ________________________

PHYSICIAN/NURSE PRACTITIONER: Please complete this section for prescription medications and over-the-counter (OTC medications/ointments that need to be administered during First Lutheran School Preschool hours by First Lutheran School personnel. NOTE: Parent may complete this section for prescription medications.

Medication ____

Dosage _______________________ **Route** ___________________ **Frequency** _____________________

Start Date ______________ **End Date** _______________ (NOT TO EXCEED 2 WEEKS FOR OTC MEDICATION)

Instructions for use ____

Condition for which prescribed ____

Possible side effects ____

Physician/Nurse Practitioner's Signature _____________________________________

(Required for ALL medications) (May be separate attachment)

PARENT/GUARDIAN: State Child Care Licensing regulations require a written authorization from parent/guardian in order for child care staff to administer medications (including non-prescription/over-the-counter).

- A separate authorization is required for EACH medication. **Time(s) to be given at FLS** ________
- Prescription medication must be in a labeled pharmacy container.
- Parent/Guardian is to give as many doses at home as possible.

Parent/Guardian's Signature (Required) ____

FLS Staff: Please complete all four (4) blanks for each dose given. Signature required below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Doseage					
Initials					

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Doseage					
Initials					

Teacher's name (initials/signature)	Teacher's name (initials/signature)

Unused medication: Date returned to parents/Date discarded per parent's instructions __________

Staff – Please place this form in the child's office folder when medication is finished.

*There may be exceptions for children with chronic health conditions as defined by their care plan.