

Prescription Medication Authorization/Administration Form

Form M-200

Child's Name: _____ Date of Birth: _____
 Program Name: _____ Today's Date: _____

To administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating child's name, date (covers period when medication is to be given), name of medication, dosage, instructions for use (is consistent with parent's request), doctor's nurse practitioners name, pharmacy name and telephone number.
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings can not share).
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician/nurse practitioner's order.
- Parent/Guardian is to give as many doses as possible at home.

Medication: _____

Reason for giving: _____

Start date: _____ End date: _____

Dosage: _____ Time(s) to be given at child care: _____ AM, _____ PM

Last dose was given at AM or PM (check one) on date: _____

Route: by mouth, skin (location) _____, eye R L, ear R L (check one)

Possible side effects: _____

Special handling/storage instructions: _____ Refrigeration? Y N

Parent/Guardian's Signature required: _____

Physician/Nurse Practitioner's Signature: _____

(for over the counter medication requiring medical consent, otherwise the pharmacy label indicates physician's permission).

Child care provider must record for each dose given with full signatures below

| Days | Date | Time | Dosage | Safety Check | Initials |
|-----------|------|------|--------|--------------|----------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |

Corresponding Signatures: _____

* Unused medication: Return to parents? Y N or, discarded appropriately (check one)

by: _____ Date: _____

***keep this form in the child's file when medication is finished.**