AUTHORIZATION FOR MEDICATION/ADMINISTRATION RECORD
2007-2008

Name of Child ____ Date __________

Physician/Nurse Practitioner: Please complete this section for over-the-counter (OTC) medications/ointments that need to be administered during Sunny Hollow hours by Sunny Hollow 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) *

Instruction for use ____

Condition for which prescribed ____

Possible side effects ____

Physician/Nurse Practitioner's Signature ____
Required for ALL OTC medications. May be separate attachment.

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

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

SUNNY HOLLOW STAFF: Please complete all four (4) blanks **for each dose given**. Signature required below.

	Monday		Tuesday		Wednesday		Thursday		Friday	
Date										
Time										
Dosage Given										
Initials										

	Monday		Tuesday		Wednesday		Thursday		Friday	
Date										
Time										
Dosage Given										
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.

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