



Medication Permission Form: Authorization to Give Medication in Childcare Center or School

Child's Name: _____ Birthdate: _____ Classroom: _____

Today's Date: _____ Continue through (date): _____

Name of Medication(s): _____

Dose & time to be given: _____
(Write in specific times)

If prescribed on an as needed (PRN) basis, give for these symptoms: _____

(Example: for fever, pain, etc.)

Side effects, if any: _____

Please indicate if this medication is:

PRESCRIPTION MEDICATION

Is the medication in the original container or box with the prescription label and instructions?

YES (Physician Authorization is not required)

NO. See Physician's Authorization requirement below *. This medication may not be given unless the required information is provided.

NON-PRESCRIPTION MEDICATION

For **all** non-prescription medications, you must provide a completed Physician's Authorization* (see below).

I hereby give permission for the administration of the medication described above by the staff of the F.M. Kirby Children's Center, and have provided the completed Physician's Authorization if necessary.

Parent/Guardian Signature: _____ Date: _____

Parent's/Guardian's Printed Name: _____

*** PHYSICIAN'S AUTHORIZATION**

You must provide **either** of the following forms of authorization, which must be signed by a physician:

Physician's Signature: _____ Physician's Stamp: _____

See attached, signed physician's authorization document

OTHER REQUIREMENTS

*Children with asthma medications (inhalers/nebulizers) will need an Asthma Treatment Plan completed

*Children with severe allergies/EpiPen® will need a Food Allergy Action plan completed.

All forms are valid for one year from date of health provider's signature.

(Please see other side)



Kirby's Medication Policy

The first dose of any medication must be given at home prior to the center dispensing the medication if the child has never been on the particular medication before.

If prescription medications are in the original container labeled with child's name, name of medication, date prescribed and directions for administration and have a current date, further documentation from a physician is not needed. However a parent must still complete and sign the medication permission form to allow Kirby staff to administer the prescribed medication.

Non-prescription medications (except for acetaminophen and Ibuprofen which Kirby will provide in a generic form) must be provided by parents and be in the original container. In addition, non-prescription medications **must** have a physician's authorization as well as a parent's signature on the medication permission form.

Sample medications must have complete instructions including name of medication, dosage information, time to be given, date and physician AND parent signature with the first dose to have been given at home.

No medication is to be put in a child's bottle, Sippy cup or any food or drinks brought into the Center.

Children are NOT allowed to keep any medication with them. All medication is to be kept in the Nurse's office.

I have read and agree with the above Kirby Medication Policy.

Parent/Guardian Signature: _____ Date _____

Parent's/Guardian's Printed Name: _____