

## MEDICATION AUTHORITY

I, \_\_\_\_\_ (Name)

Being the parent / guardian of \_\_\_\_\_ (Child's Name)

Ask the staff of Northwest Community Childcare to administer medication as prescribed by my child's doctor.

DOCTOR \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MEDICATION (name) \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

DATE and TIME of LAST DOSAGE \_\_\_\_\_

DOSE \_\_\_\_\_ TIME TO BE ADMINISTERED \_\_\_\_\_ AM/PM

METHOD OF ADMINISTRATION \_\_\_\_\_

MY CHILD IS ALLOWED TO SELF ADMINISTER THEIR MEDICATION (please circle): YES / NO

**Note: This information MUST agree with the label.**

From (Date) \_\_\_/\_\_\_/\_\_\_ To (Date) \_\_\_/\_\_\_/\_\_\_

<b>ADMINISTRATION OF MEDICATION BY STAFF</b>					
<b>Date</b>	<b>Time</b>	<b>Dose</b>	<b>Method of Administration</b>	<b>Administer</b>	<b>Witness</b>

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Responsible person \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nominated supervisor \_\_\_\_\_ Date \_\_\_\_\_

**This authority expires as dated above.**

**MEDICATION AUTHORITY**

For \_\_\_\_\_ (continued)

<b>ADMINISTRATION OF MEDICATION BY STAFF</b>					
<b>Date</b>	<b>Time</b>	<b>Dose</b>	<b>Method of Administration</b>	<b>Administer</b>	<b>Witness</b>