

Medication Authorization Form Short-Term Medications (Prescription and Non-Prescription)

Prescription Medications must be in their original containers labeled with the child's or youth's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. Supervise the self-administration of the medication according to the instructions. Nonprescription medications can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the child's or youth's physician. Supervise the self-administration of nonprescription medication from the original container labeled with the first and last name of the child or youth and according to the instructions on the label.

First and Last Name of Child or Youth		Reason for Medication					
Name of Medication	Dose	Time to be Given Stop Date		Stop Date			
Name of Licensed Physician/Nurse Practitioner P	Phone number of Health Care Provider						
I allow the above medication to be given to my child or youth by the child care provider/staff member or school age program staff member.							
Parent's / Legal Guardian's Signature							
Quantity of Medication Counted @ Admission by FSGC Staff Staff Initials							

THIS FORM IS TO BE USED TO DOCUMENT SELF-ADMINISTRATION OF ONLY THE MEDICATION INDENTIFIED ABOVE.

Date mm/dd/yyyy	Time	Staff Initials	Date mm/dd/yyyy	Time	Staff Initials

Client Name		Account #
Person Supervising Self-Administration	of Medication:	Initialing as:
Person Supervising Self-Administration	of Medication:	Initialing as:
Person Supervising Self-Administration	of Medication:	Initialing as:
Person Supervising Self-Administration	of Medication:	Initialing as:
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Person Supervising Self-Administration	of Medication:	Initialing as:
Person Supervising Self-Administration	of Medication:	Initialing as:
Person Supervising Self-Administration	of Medication:	Initialing as:
	of Medication:	
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Date Comments about th	e incident or other related incidents, including remark	s about the child's or youth's appearance.
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