



AUTHORIZATION FOR MEDICATION

CHILD'S NAME			TODAY'S DATE / /
MEDICATION NAME - as listed on the container	STRENGTH	TIMES TO BE GIVEN	DATES TO BE GIVEN
		FIRST DOSE	START DATE / /
TYPE OF MEDICATION		SECOND DOSE	END DATE / /
<input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> NON-PRESCRIPTION <input type="checkbox"/> Oral, for a specific purpose, renewed weekly e.g. Claritin for seasonal allergies <input type="checkbox"/> Oral, for occasional mild symptoms, renewed weekly e.g. Tylenol for teething. <i>Please note that pain, teething, or discomfort must be listed as reasons for administration.</i> <input type="checkbox"/> Topical, applied to open wound or broken or infected skin e.g. Neosporin <i>NOT SUNSCREEN OR DIAPER CREAM - Use Topical Application Form instead</i>		ROUTE OF ADMINISTRATION	
		<input type="checkbox"/> Chewed or swallowed <i>mouth</i> <input type="checkbox"/> Dropped <i>ears or eyes</i> <input type="checkbox"/> Inhaled <i>nose or mouth</i> <input type="checkbox"/> Applied/topical <i>skin</i> <input type="checkbox"/> Injected	

REASON(S) FOR MEDICATION	CHILD'S PREVIOUS EXPERIENCE WITH MEDICATION <i>FIRST CIRCLE cannot administer the first dose of any medication except in an emergency with prior consent [below].</i>	STORAGE
	<input type="checkbox"/> My child has previously taken this medication. <input type="checkbox"/> My child has not previously taken this medication, but in case of emergency, I give permission for staff to give this medication in accordance with my child's Special Health Care Plan.	<input type="checkbox"/> Refrigerated <input type="checkbox"/> Non-refrigerated <i>All medications are locked up during period of use, and returned to parents when period of use is finished.</i>

DOSING INSTRUCTIONS <i>Leave blank for prescription medications; dosing instructions on package will be followed.</i>	POSSIBLE SIDE EFFECTS TO WATCH FOR
SCHEDULED	AS NEEDED - describe indications
<i>You must provide a measuring device (if applicable)</i>	

I request that my child be administered the medication described above at First Circle by authorized persons as permitted by me and my child's health care provider, in the manner indicated above. I understand that First Circle staff will not administer the medication if the information provided above does not match the manufacturer and/or physician's instructions.

PARENT/GUARDIAN SIGNATURE	PHONE	DATE / /
PHYSICIAN SIGNATURE *or attached, required for non-prescription		DATE / /
PHYSICIAN NAME AND ADDRESS	PHYSICIAN EMAIL	PHYSICIAN PHONE

Administration Record



CHILD'S NAME: _____

		TEACHER INITIALS	BEFORE ACCEPTING ANY MEDICATION, YOU MUST ENSURE:
ALL MEDICATIONS			The front side of this form has been completed accurately and completely. <i>Please note that medication authorization expires one year from the date of doctor's authorization.</i>
			The medication has not and will not expire during the term it is to be given.
			Medication name, instructions, and dosage on this form are consistent with medication label.
PRESCRIPTION MEDICATIONS			The date on the label indicates when the prescription was filled is consistent with the dates of administration on this form.
			Prescription is in its original container with original label attached.
NON-PRESCRIPTION MEDICATIONS			Medication is in the original manufacturer's packaging.
			The doctor's order and signature on the front of this form is completed.
			For medications whose dosages are determined by a child's weight, this Authorization for Medication Form is current, along with doctor's permission.
			Package is labeled with child's full name, the date that medication was authorized by child's doctor, and the doctor's name, expiration date, period of use and instructions how to administer and store it. Use a plastic bag if necessary to fit all the information.
		TEACHER INITIALS	BEFORE ADMINISTERING ANY MEDICATION, YOU MUST:
HYGIENE			Wash hands BEFORE administering medication.
FOLLOW THE "5 RIGHTS"			RIGHT MEDICATION: check the label 3 times: when removing, when pouring, when returning
			RIGHT CHILD: compare the label to the Authorization Form
			RIGHT TIME: check the medication log
			RIGHT DOSE: do not guess! Use only the measuring device provided by parent
			RIGHT ROUTE: check the label and verify it against the package
		TEACHER INITIALS	AFTER ADMINISTERING ANY MEDICATION, YOU MUST:
HYGIENE			Wash hands AFTER administering medication.
STORAGE			Store the medication according to the instructions on the front of the form.
MEDICATION LOG			Immediately record the dose and administration time on the log.
			If medication is administered more than 30 minutes before or after identified dosage time, parents must be notified via the record (below) and must initial.
			If a dose is missed, parents must be notified by phone. Missed doses must be noted below along with the reason why the dose was missed.