

Non-Prescription Medication Authorization / Administration Form

FORM
M-300

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: ___/___/___
 Program Name: Jack and Jill Childcare Today's Date: ___/___/___

To administer non-prescription medication:

- The medication must be in its original container, labeled with the child's first and last name.
- Medications are to be given only to the child indicated on the container (twins and siblings can not share).
- Exact directions will be followed in accordance to the manufacturer's instructions on the container unless accompanied by a physicians/nurse practitioners written permission.
- If the container does not identify a dose for specific age, a physician/nurse practitioners authorization is required. (Use Prescription Medication **Form M-200**).
- A separate authorization is requested for each medication and each episode of illness.
- Parent/guardian is to give as many doses as possible at home.

Medication: _____

Reason for giving: _____

Start date: ___/___/___ End date: ___/___/___

Dosage: _____ Time(s) to be given at child care: _____ AM, _____ PM

Last dose was given at _____ AM/PM (circle) on date ___/___/___

Route: by mouth, skin (location) _____, eye (R/L), ear (R/L) (circle)

Possible side effects: _____

Special handling/storage instructions: _____ Refrigeration?: Yes / No

Parent/Guardian's Signature required: _____

Physician/Nurse Practitioner's Signature: _____

(for over-the-counter medication requiring medical consent, otherwise the pharmacy label indicates physician's permission)

Child care provider must record for each dose given with full signatures below

NOTE: Assess the child for illness; we do not provide care for ill children.

Days	Date	Time	Dosage	Safety Check	Initials
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:

Corresponding Signatures: _____

* Unused medication: Returned to parents? Yes / No **or**, discarded appropriately (circle one)

by: _____ Date: ___/___/___

*** Keep this form in the child's file when medication is finished.**

Jack and Jill Childcare and JJ's Jam



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