Non-Prescription Medication Authorization/Administration Form

FORM M-300

TO BE COMPLETED BY PARENT

Child's Name: _____ Date of Birth: ___/___/___

Program Name: _____ 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: _____

	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.