

Appendix A: AUTHORIZATION FOR OVER-THE-COUNTER PRODUCT ADMINISTRATION

Name of Child Care Centre: Beyond Our Dreams Preschool and Daycare

This form must be completed by the parent of a child who is requesting that an over-the-counter product be administered during hours that the child receives child care, in accordance with the child care centre's over-the-counter product policy and procedures.

Child's Full Name:

Child's Date of Birth (dd/mm/yyyy):

Date Authorization Form Completed (dd/mm/yyyy):

Date Authorization Form Updated (dd/mm/yyyy):

Name of Over-the-Counter Product (as per the original container label):	
Expiry Date: (dd/mm/yyyy)	
Authorization Start Date: (dd/mm/yyyy)	
Authorization End Date: (dd/mm/yyyy or ongoing)	

Method of Over-the-Counter Administration (initial below)

Child care centre staff are to administer the drug or medication to my child. _____

Administration Instruction

The drug or medication needs to be administered when the following occurs:

Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize Beyond Our Dreams Preschool and Daycare staff to administer this over-the-counter product in accordance with the procedures I have provided on this form.

I understand that expired over-the-counter products will not be administered to my child at any time in accordance with the child care centre's over-the-counter administration policy.

I understand that staff at Beyond Our Dreams Preschool and Daycare are not medically trained to administer over-the-counter products.

Special Instructions:

- This form is required for over-the-counter medications.
- A separate form should be completed for each over-the-counter product that a child requires.
- Children's personal health information should be kept confidential.

Print name:	Relationship to Child:
Signature:	Date Signed: (dd/mm/yyyy)

Received By:

Print name:	Role at Child Care Centre:
Signature:	Date Signed: (dd/mm/yyyy)

For Child Care Centre Use Only

Location OVER-THE-COUNTER PRODUCT will be stored:

For Office Use Only

Date OVER-THE-COUNTER PRODUCT Returned to Parent if not stored in child's backpack
(dd/mm/yyyy):

Special Instructions:

- This form is required for over-the-counter medications.
- A separate form should be completed for each over-the-counter product that a child requires.
- Children's personal health information should be kept confidential.