

Authorization to Dispense Medication

(65C-22.004 F.A.C)

Tiny Steps Learning Center, Inc. will administer medication to children after the following requirements have been completed.

1. Written permission from the custodial parent or legal guardian to dispense prescription or non-prescription medications.
2. Prescription or Non-prescription medication (including diaper rash cream) must be brought into the facility by the custodial parent or legal guardian in the original container. Prescription medication must have a label stating the name of the physician, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label.
3. All medicine must have child resistant caps, if applicable, and shall either be stored in a locked area or must be inaccessible and out of a child's reach.
4. Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled at the facility.

Authorization to Dispense Prescription or Non-Prescription Medication

Students Full Name: <i>Prescription Medication MUST have the child's name on the printed label</i>		Today's Date:
Name of Medication:		
Illness or Symptom Medication is treating:		
Date Medication Begins:	Date Medication Ends:	<i>Diaper Rash Cream and Tylenol end date defaults to 6 months from signature date below unless otherwise noted.</i>
Exact Dosage to be administered:		Times to be administered:
How medication is to be administered (orally, topically, etc.):		<i>"Dosage MUST be in accordance with the dosage on the label of the medication (unless physician's order are provided)"</i>

I, _____, as custodial parent or legal guardian, of the above listed child give permission to the staff of Tiny Steps Learning Center, Inc. to administer medication exactly as stated above. I understand that a separate authorization must be provided for each medication and must be renewed every six months for non-prescription medications. I have provided Tiny Steps Learning Center, Inc. with any known allergies to medication or special restrictions.

Parent or Legal Guardian Signature	Date
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TSLC Staff Acknowledgement

By signing below, I am certifying that I have reviewed the completed Authorization to Dispense Medication form with the custodial parent or legal guardian of the child listed above. I have answered any questions and made sure the custodial parent or legal guardian understands the Authorization to Dispense Medication Policy. If applicable, I have verified that the name on the prescription medication "printed label" matches the name on the Authorization to Dispense Medication Form.

TSLC Staff Signature	Date
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