



Silverdale Child Care

Authorisation for Dispensing Medications to Children
Long Term Prescription Medications

First and Last Name of Child or Youth			
Name of Medication (only one medication per authorization)		Prescription	
Reason for Medication			
Dose	Time to be Given	Start Date	Stop Date**
Name of Licensed Physician or Nurse Practitioner prescribing the medication			Phone # of Physician
I allow the above medication to be given to my child or youth by the child care provider/staff member or school age program staff member.			
Parent's Signature			Date Signed

**Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION IDENTIFIED ABOVE. Provider or staff member to note any comments or remarks about the child's or youth's appearance and/or condition on the back of the form.

To be completed by the parent/guardian						To be completed by the educator when administered								
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Signature of parent/Guardian	Medication administered	Dosage Administration	Method of administration	Name of educator administering	Signature of educator administering	Name of witness	Signature of witness
	Time	Date	Time	Date										

Additional comments: _____

