Authorization for Administering Medication

(A separate authorization is required for each medication)

Note: Written parental permission is required for administration of all medications. **Non-prescription medication** is required to be in the original container, labeled with the child's full name, and must be given according to the manufacturer's instructions. If dosage differs from labeled instructions a Physician/Health Care provider's written instructions are required. **Prescription medication** is required to be in the original container. The label must clearly state the child's full name, name of the health care provider, name of the medication, date, and dosage. CKA will not administer medication that is expired. A new form is required if the prescription expires and a new one is brought in.

pecial Instructions (ex. refrigerate):	Child's Name:	4		DOB:		(6	
End Date:	Medical Condition	Medication	Strength	Dosage	Time	Possible Side E	Effects
Start Date:	9				0		S. C.
ignature of Physician/Health Care Provider (if needed):	toute of Administration:	□ Oral □ 1	「opical [☐ Inhaled	□ Eye	□ Nose	□ Ear
Parent/Guardian Authorization: I give Creative Kids Academy staff permission to administer the medication listed above to my according to the manufacturer/health care provider's instructions. I release chool personnel from liability in the event adverse reactions result from taking the medications(s). Parent or Guardian's Printed Name: Gignature of Parent or Guardian:	start Date:	End Date:	(not to ex	xceed 90 days f	or non- <mark>prescri</mark>	ption medication)	0
Parent/Guardian Authorization: I give Creative Kids Academy staff permission to administer the medication listed above to my hild,	pecial Instructions (<i>ex. <mark>ref</mark>ri</i>	gerate):					0
Parent/Guardian Authorization: give Creative Kids Academy staff permission to administer the medication listed above to my hild,	ignature of Physician/Healt	h Care Provider (i	f needed):			Dat	e:
*Give medicine only if you can answer yes to all questions below. s the Authorization form complete? s the original label on the medication container? s today's date before the expiration date on the medication container? s the child's first and last name on the medication container? *All Lead Techers or Directors who administer this medication need to fill out the section below.	1			V V	g the medicati	ons(s).	
s the Authorization form complete? s the original label on the medication container? s today's date before the expiration date on the medication container? s the child's first and last name on the medication container? *All Lead Techers or Directors who administer this medication need to fill out the section below.	Jan	Name:		V V	g the medicati	0	
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*All Lead Techers or Directors who administer this medication need to fill out the section below.	ignature of Parent or Guard	Name:lian:*Give medicir	For Sta	ff to Complete		Date:	0
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	ignature of Parent or Guard the Authorization form com the original label on the me today's date before the exp	*Give medicirnplete? edication containe piration date on the	For Stane only if you can't r?	ff to Complete in answer yes t		Date:	□ No
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	Is the Authorization form com Is the original label on the me Is today's date before the exp	*Give medicing plete? edication contained piration date on the medicate echers or Directors	For Stane only if you can r? The medication container? The who administers	ff to Complete in answer <u>yes</u> t ontainer?	o <u>all</u> questions	Date: S below. Yes Yes Yes Yes Yes O Yes	No No No No

Medication Administration Log

Child's Name:

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

Unused Medication must be returned to the Parents. Date Return

Date Returned: _____