

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.

*Cold and Cough medication is not recommended for children under 6 years old.

Child's Name: _____ DOB: _____

Medical Condition	Medication	Strength	Dosage	Time	Possible Side Effects

Route of Administration: Oral Topical Inhaled Eye Nose Ear

Start Date: _____ End Date: _____ (not to exceed 90 days for non-prescription medication)

Special Instructions (ex. refrigerate): _____

Signature of Physician/Health Care Provider (if needed): _____ Date: _____

Parent/Guardian Authorization: I give **Creative Kids Academy** staff permission to administer the medication listed above to my child, _____, according to the manufacturer/health care provider's instructions. I release school personnel from liability in the event adverse reactions result from taking the medications(s).

Parent or Guardian's Printed Name: _____

Signature of Parent or Guardian: _____ Date: _____

For Staff to Complete

*Give medicine **only** if you can answer **yes** to **all** questions below.

Is the Authorization form complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the original label on the medication container?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is today's date before the expiration date on the medication container?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child's first and last name on the medication container?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*All Lead Teachers or Directors who administer this medication need to fill out the section below.

Print Staff Name	Write Initials	Date

***MEDICATION ADMINISTRATION LOG ON BACK**

