

# Prescription Medication Authorization/Administration Form

FORM M-200

**TO BE COMPLETED BY PARENT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Program Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

To administer a prescription medication:

- The medication must be in it's original container, with a legible label from the pharmacy indicating child's name, date, name of medication, dosage, instructions for use, doctor's/nurse practitioners name, pharmacy name and telephone number:
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings can not share).
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician/nurse practitioner's order.
- Parent/guardian is to give as many doses as possible at home.

Medication: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Start date: \_\_\_/\_\_\_/\_\_\_ End date: \_\_\_/\_\_\_/\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be given at child care: \_\_\_\_\_ AM, \_\_\_\_\_ PM

Last dose was given at \_\_\_\_\_ AM/PM (circle) on date \_\_\_/\_\_\_/\_\_\_

Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L), ear (R/L) (circle)

Possible side effects: \_\_\_\_\_

Special handling/storage instructions: \_\_\_\_\_ Refrigeration?: Yes / No

**Parent/Guardian's Signature required:** \_\_\_\_\_

**Physician/Nurse Practitioner's Signature:** \_\_\_\_\_

(for over-the-counter medication requiring medical consent, otherwise the pharmacy label indicates physician's permission)

**Child care provider must record for each dose given with full signatures below**

Days	Date	Time	Dosage	Safety Check	Initials
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:

Corresponding Signatures: \_\_\_\_\_

\* Unused medication: Returned to parents? Yes / No or, discarded appropriately (circle one)

by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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