PRESCRIPTION MEDICATION ADMINISTRATION AUTHORIZATION FORM

SECTION A: Licensed Health Provider Directions for Medication Administration
I have prescribed the following medication with directions as stated below:

Child's Name:_____DOB_____

Allergies:_____

Medication:_____Prescribed? Yes___No____

Dosage:_____Route: inhaled____by mouth____injected_____

Frequency:_____

Times of Administration:_____

Storage requirements: room temp____   refrigerated____

Licensed Health Provider Name:_____Phone #_____

Licensed Health Provider Signature:_____Date:_____

Staff Name if taken by phone:_____

Staff signature if taken by phone:_____Date:_____

SECTION B: Authorization by Parent/Legal Guardian for Administration of Medication
I request that the medication_____ above ordered by the Licensed Health Provider for my child_____, be administered by the staff at Coastal Kids Preschool. I understand that I must supply them with the prescribed medication in the original container, properly labeled. I give permission for the teachers to contact the prescribing Licensed Health Provider or dispensing pharmacist about this medication and its administration schedule and use. I understand that this medication will be destroyed if not picked up within one week either after the order ends or it expires.
Parent/Guardian Name:_____Phone #_____

Parent/Guardian Signature:_____Date:_____

COASTAL KIDS PRESCHOOL MEDICATION ADMINISTRATION RECORD

(This record must be maintained in the children's file when complete

FOR STAFF USES:

Has Staff been trained in Medication Administration? _____

Has the Medication Consent form been completed? _____

Have the "5 rights" been addressed? _____

Is the medication in a safety cap container? _____

Is the original prescription label on the medication container? _____

Is the name of the child given below on the container? _____

Medications which are so labeled; within the year otherwise? _____

Is the dose, name of drugs, frequency of administration given on the label consistent with parental instructions? _____

 Medication can be administered only if the answers to questions above are "Yes"

CHILD'S NAME _____   MEDICATION _____

DATE	TIME	MEDICATION	DOSE	ROUTE	STAFF SIGNATURE	MISDOSES ERRORS	CHILD REFUSAL

Did you check the label 3 times? _____

If child refused medication explain why?

_____