**Medication Administration Authorization**

I authorize the administration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s name)

(Name of medication)

Prescribed dose and schedule of administering or circumstances under which medication should be given

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to administer medication From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to administer medication obtained over the telephone from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Time)

(Name of parent/guardian)

On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Caregiver who placed call)

(Date)

Record of Administration of Medication

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| Date | Time | Initials | Dosage | Directions for administrator |
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| Date | Time | Initials | Dosage | Directions for administrator |
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Note to parents: Alaska child care regulations require that medication only be administered under the following conditions

* Permission from the parent to give medication, either via documented telephone or written permission.
* Medication must be kept in the original container and labeled with the child’s name, the name of the medication, dosage, expiration date, and directions for administration.
* Over-the-counter medication must be administered as specified on the manufacturer’s label, unless written instructions are provided by a physician. Non-prescription medication and health products, including fever reducers, naturopathic remedies, vitamins and mineral supplements, diaper ointments and powders, sunscreen and insect repellent are used only at the dose, duration or method of administration specified on the manufactures label.
* Designated caregivers in each shift administers the medication, and initials and records the time each dose is given.
* Unused medication provided by parents is returned to them, when the medication is no longer needed.
* Facilities must have a written policy for the use of any commonly used, nonprescription medication for oral or topical use kept for use by children, with parental consent.