



# Non-Prescription Medication Authorization

## To Be Completed By Parent

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To administer a prescription medication:

- The medication must be in its original container, labeled with the child's first and last name.
- Medications are to be given only to the child indicated on the label (twins and siblings can not share).
- Exact directions will be followed in accordance to the manufacturer's instructions on the container unless accompanied by a physician's/nurse practitioner's written permission.
- If the container does not identify a dose for specific age, a physician/nurse practitioner's authorization is required. (Use *Prescription Medication Authorization Form*)
- A separate authorization is requested for each medication and each episode of illness.
- 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 school \_\_\_\_\_ AM \_\_\_\_\_ PM

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

Route:

Mouth       Skin (location) \_\_\_\_\_       Eye (R/L)       Ear (R/L)

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

Special handling/storage directions \_\_\_\_\_ Refrigeration  Yes  No

**Parent/Guardian Signature required** \_\_\_\_\_

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

Unused medication: Returned to parents?  Yes  No  
 Discarded appropriately? By \_\_\_\_\_ Date \_\_\_\_\_

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