

Emergency Medication Authorization

Attach
Child
Photo

Child Name: _____

DOB: _____

Child Known Allergies:

Parent/Guardian Permission to give emergency medication:

I give my permission for the early care and education (ECE) program to give the following emergency medication(s) to my child. This permission is for 12 months from my signature date unless revoked:

Parent/Guardian Signature: _____ Date _____

Date:	Name of medication on the label:	Medication dose on the label:	Time (frequency):	Route of medication on the label:	Reason medication needed:	Required storage*: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Do Not Freeze <input type="checkbox"/> Room Temperature <input type="checkbox"/> Away from Light
<input type="checkbox"/> Child's emergency action/care plan has been reviewed and is attached		Possible side effects: (information available at https://medlineplus.gov/druginformation.html)				Medication Expiration Date: _____

*Important! Emergency medications should be stored inaccessible to children but unlocked readily available to supervising caregivers/staff. Emergency medications and child's emergency action/care plan should be available onsite (both indoors and outdoors) as well as during transportation and field trips.

Parent/Guardian Completes Page 1

Emergency Medication Record

Child Name: _____

DOB: _____

Child Known Allergies:

Instructions for documenting emergency medication given:

- First Column: Record the date the medication was given
- Second Column: Record the time the medication was given
- Third Column: Record the name of the medication given
- Fourth Column: Record the dose (amount) of the medication given
- Fifth Column: Signature of the person who administered the medication
- Sixth Column: Comments
- Use a separate row for each time the emergency medication is given

Date	Time	Name of the Medication Given	Dose	Signature of the Person Administering Medication	Comments (i.e.: status of child; parents notified; 911 called; etc.)

Important! Always follow the physician instructions written on the child’s emergency action/care plan.

Iowa Poison Control Center: 1-800-222-1222

For questions about administering medications contact your local Child Care Nurse Consultant (CCNC) or Healthy Child Care Iowa at <https://hhs.iowa.gov/hcci/consultants>

ECE provider/staff completes page 2