

Monthly Medication Authorization

Child Name: _____ DOB: _____ Child Known Allergies: _____ Month: _____ Year: _____

Parent/Guardian Permission to give medication:

I give my permission for the Early Care and Education (ECE) provider/staff to give the following medication to my child.

Date:	Parent/Guardian Signature Giving Permission:	Name of medication on the label:	Medication dose on the label:	Time of day medication is to be given at child care: ¹	Route of medication on the label:	Special instructions for giving medication: ²	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Do Not Freeze <input type="checkbox"/> Room Temperature <input type="checkbox"/> Away from Light
Reason medication needed:		Possible side effects: (information available at https://medlineplus.gov/druginformation.html)			Beginning Date: _____ Ending Date: _____ Medication Expiration Date: _____		

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Reason medication needed:		Possible side effects: (information available at https://medlineplus.gov/druginformation.html)			Beginning Date: _____ Ending Date: _____ Medication Expiration Date: _____		

Parent/Guardian Permission to Contact Pharmacy and Physician: I give my permission for the ECE provider/staff to contact my child's pharmacy and/or physician should a question arise or a situation occur that involves my child and the medication.

Parent/Guardian Signature: _____ Date: _____

¹ The time of day when the medication is given needs to be consistent between home, child care, school and other programs where the child spends time. Ask the parent/guardian when the medication is given so doses may be evenly spaced as ordered.

² The medication may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medication label or accompanying instructions. When in doubt, call the pharmacy where prescription medication was dispensed.

Monthly Medication Record

Child Name: _____ DOB: _____ Child Known Allergies: _____

Attach
Child
Photo
Here

Month _____ Year _____		Day of Month																															
Medication, Dose and Route ↓	Time of Day ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Example: Amoxicillin 250 mg/5ml, give 5ml orally	10 am	*																															

* Sign your initials in the box showing the medication was given. Use an “**A**” when a child is absent. Use an “**O**” when medication is not given for any reason. If not given inform the child’s parent/guardian, document in the child’s health record the reason the medication was not given and that the parent/guardian was informed.

Instructions for using Medication Record:

- First Column: Record the medication name, dosage, and route.
- Second Column: Record the time(s) of day the medication is to be given at child care. If the medication is given more than one time a day, use an additional row for each time of day the medication is to be given.
- Day of Month Column: The person who measures and gives the medication must place their initials in the appropriate **row** (for time) and **column** (for date) that the medication was given. Use columns numbered from 1-31 for the date.

Early Care and Education (ECE) provider/staff signature/initials: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____