

CHILD MEDICATION AUTHORIZATION FORM

This specific form must be filled out and turned in along with a child's medication. No other form will be accepted.

Form Expiration Date _____
(OFFICE USE ONLY)

Child's Name: _____ D.O.B. ____/____/____ AGE: _____

I further agree to indemnify and hold harmless Kids Klub Child Development Centers, and their agents and servants, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Parent's Signature _____ Date: _____

Parent's Authorization Box

This entire box must be complete. All '' entries must be written in!*

*Name of Medication: _____ *Medication Expiration Date: ____/____/____

*Problem or Illness: _____ *Administration Method (e.g. orally, drops in the ear): _____

*Included Administration Device/Equipment (e.g. dropper, dosing cup, nebulizer): _____

*Dosage Amount: _____ *When to Administer: _____

*Specific Instructions on Administering the Medication: _____

(BE SPECIFIC. WE WILL NOT ACCEPT FORMS THAT HAVE THE WORDS "AS NEEDED.")

*Medication Storage Requirements: Refrigerated Room Temperature Other _____

*Possible Side Effects and expected protocol (please include if there is a need for direct observation and when child can return to normal activities after administration of medication): _____

Medication Administration Start Date: _____ End Date: _____

Physician's Authorization Box

This entire box must be completed by the Child's Physician.

I certify that, as long as the above directions are followed, the above listed medication's requirements can safely be performed by a lay person and does not require training from a licensed medical professional.

If dosage is different than what is on the medication label please list all special requirements/circumstances/instructions: _____

*Physician's Name: _____ *Physician's Phone Number: _____

*Physician's Signature: _____ *Date: _____

Physician Stamp (Required)

Must be completed by Authorized Employee upon Acceptance of Medication

Accept Medication only if you can answer "Yes" to all questions below. (Circle "Yes" or "No".)

<u>Authorization Form Complete</u>	Yes	No	<u>Medication is not expired or over 1 yr old</u>	Yes	No
<u>Medication in original container</u>	Yes	No	<u>Specific Instructions are filled out</u>	Yes	No
<u>Medication has original label</u>	Yes	No	<u>Administration Device Included (e.g. dropper)</u>	Yes	No
<u>Child's name is on the medication</u>	Yes	No	<u>Cleaning requirements of Administration</u>		
<u>Parent has 'logged-in' medication</u>	Yes	No	<u>Device Reviewed</u>	Yes	No
<u>Physician has initialed statement</u>	Yes	No	<u>All * lines filled in</u>	Yes	No

Employee Accepting Medication Print: _____ Sign: _____ Date: _____

Parent/Guardian Medication Drop-off and Pick-up Log

Any time the parent/guardian drop-off or pick-up the medication they must log the medication in or out on the following log.

DATE	TIME		MEDICATION (incl. count)	PARENT SIGNATURE	STAFF SIGNATURE	STAFF INITIALS
	IN	OUT				

STAFF USE ONLY

CHILD'S NAME: _____

DATE	MEDICATION (incl. count)	DOSAGE GIVEN	TIME GIVEN	NOTES/ SYMPTOMS OBSERVED:	Parent notified of Admin of Medication	STAFF SIGNATURE	STAFF INITIALS
					<input type="checkbox"/>		
					<input type="checkbox"/>		
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					<input type="checkbox"/>		

Once this log is completely filled or the medication is no longer in use, this form must be placed in the child's file. Use the copy of the child's original form (retrieve from the child's file) to continue logging medication dosages administered.

Additional Parent/Guardian Medication Drop-off and Pick-up Log

Any time the parent/guardian drop-off or pick-up the medication they must log the medication in or out on the following log.

DATE	TIME IN	TIME OUT	MEDICATION (incl. count)	PARENT SIGNATURE	STAFF SIGNATURE	STAFF INITIALS

Upon completion of medication, I certify the medication was (check one):

<input type="checkbox"/> Returned to parent	Staff Signature:	Date:
Parent was called on: _____ at _____ to pick up medication.	Staff Signature:	Date:
<input type="checkbox"/> Destroyed and recorded on the medication destruction log,		

Place this form in child's file when medication is no longer onsite.