

AUTHORIZATION TO ADMINISTER MEDICATION – MEDICATION INFORMATION AND AUTHORIZATION
(Separate form required for each medication.)

ALL FIELDS MUST BE COMPLETED FOR MEDICATION TO ADMINISTERED

Please note that medication cannot be administered "As Needed." Directions must provide clear indication of when to administer.

A. FACILITY AND CHILD INFORMATION					
Jubilee Christian School, Preschool & Daycare					
Name – Child's First and Last Name				Birthdate (mm/dd/yy)	
B. MEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.					
Medication Name	Dosage	Time(s) of Day to be Administered	Select Method for Administration	Effective Dates – (mm/dd/yy)	
				From	To
Medication's Expiration Date (mm/dd/yy)		This section for Over-the-Counter (OTC) Medication Only Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted? YES* NO *If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation. Parent Initials			
Only non-expired medication will be administered.					
Additional information / special instructions / contraindications – Specify. Please note that medication cannot be administered "As Needed." Directions must provide clear indication of when to administer.					
C. AUTHORIZATION					
I hereby authorize administration of the above medication to my child by staff of the program listed above.					
SIGNATURE – Parent or Guardian				Date Signed (mm/dd/yy)	
Adapted from DCF Division of Early Care and Education DCF-F-CFS0059-E (R. 08/2010) 5/2012					

STAFF USE ONLY:

- Medication is in the original container and labeled with the child's name _____
- Label includes dosage and directions for administration _____
- List Medication Expiration Date _____
- Parent or Guardian completed all fields on form _____
- Classroom notified in writing _____ and medication alarm set _____
- Medication Required Label created with times to be administered _____
- Medication Required Label issued _____