MEDICATION AUTHORIZATION FORM

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1: The following section must be completed by the parent/guardian.

Check all that apply:

_ Prescription medication
_ Nonprescription medication
_ Refrigeration required
_ Topical product or lotion
_ Food supplement
_ Modified diet

Complete the following information:

Name of child:_____ Date of Birth:_____ Weight:_____
Name of medication:_____ Exact Dosage: _____
To be administered at the following times: _____
For the following period of time: _____

Signature of parent/guardian: _____

Date: _____

Box 2: The following section must be completed by a licensed physician, a licensed dentist, or an advance practice nurse when:

1. A physician's instruction is needed for a nonprescription medication (e.g. a child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be applied longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated) or food supplement; or
5. The medication contains codeine or aspirin.

_____ is under my care and should receive _____
Name of child — Name of medication, vitamin, diet

as follows: _____
Include dosage and instructions

Possible side effects to watch for are:_____

Expiration date: _____ (may not exceed 12 months from the date of this request for medications or food supplements)

_____ _____ _____
Signature of physician, dentist, or advance practice nurse — Date — Phone Number

<u>Box 3</u>: The section below must be completed by a Sol Shine staff member and each administration of medication must be documented. All dosage must be recorded below.

_____ was given _____ as follows:
Name of child — Name of medication, vitamin or diet

Date and Time of dosage	Dosage Amount	Signature of staff administering medication