



UNITED METHODIST CHILDREN'S LEARNING CENTER

Over The Counter Medication Authorization Form

NOTE: Medication shall not be administered to any child in child care if not prescribed or recommended by a licensed health care provider (physician, dentist, nurse practitioner).

Child's Name Medication Name

Parent's Emergency Numbers

Date Medication Brought to Center Medication Expiration Date

Physician's Name Address

Office Number Emergency Number

Frequency and Time Medication is to be Administered

If "PRN" or "as needed" a clear explanation is required

Route and Dosage of Medication

Directions for Storage

Directions for Disposal (Please check one of the following.)

Send Home Destroy and Dispose of in Appropriate Container

Please attach a written statement of desired effects, side effects and specific instructions. Medication must be brought into the center by a parent and must be kept in the original container. Medications with instructions such as "as needed" or "PRN" shall be accompanied by a clear written explanation defining when the medication is to be administered. Please attach written instructions received from physician. In order for this center to administer the medication fore mentioned, please sign below.

Parent Signature Date

Office Use Only *****

1.) Staff Member Administrating Medication Full Signature Teacher's Initials Date Time Safety Check Complete 45 minute Observation Reaction

2.) Staff Member Administrating Medication Full Signature Teacher's Initials Date Time Safety Check Complete 45 minute Observation Reaction