



UNITED METHODIST CHILDREN'S LEARNING CENTER

Prescribed 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 Filled Medication Expiration Date
Physician's Name Address
Office Number Emergency Number
Pharmacist's Name Address
Name of Drug Store Office 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. 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
Date Time Safety Check Complete Full Signature Teacher's Initials
45 minute Observation Initial Initial
Reaction

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