



MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY STAFF WITH PARENT

Child's Name: _____ Date of Birth ___/___/___
Program Name: _____ Today's Date ___/___/___
Parent/Guardian Name: _____

To administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating the child's name, date, name of medicine, dosage, and time, number of days medication is to be given, and expiration date of medication (if applicable), medical practitioner's name, pharmacy name and telephone number
- Medication samples must be accompanied by a doctor's written prescription which is legible.
- Medications are to be given **only** to the child indicated on the prescription label
- A separate *Medication Authorization Form* is required for each medication and each episode of illness
- Label constitutes the physicians/nurse practitioner's order
- Parent/Guardian are to give as many doses at home, as possible.

Name of Medication: _____

Reason for Medication: _____

Prescribing Medical Practitioner: _____

Start date ___/___/___ End date ___/___/___

Dosage _____ Times to be given at child care _____ AM _____ PM

First dose was given at: _____ AM/PM on, Date: ___/___/___

Route: _____

Detailed Administration Instructions:

Possible side effects:

Is Refrigeration Required? Yes/No

Special handling/storage instructions:

Parent/Guardian Signature (required)

Date

Program Staff Signature (required)

Date

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