



ABZ Early Childhood Development Center

305 Main Street, Everett, MA 02149 Phone: (617)775-9983

Medication Authorization and Administration Form

There are a number of rules and regulations involved in giving medication to children at **ABZ Early Childhood Development Center**. These are written to protect the staff as well as the children. All staff and parents must adhere to these requirements.

- Non-prescription drugs** must be accompanied by a doctor's note indicating clearly the dosage. Parents must fill the form below for staff to administer the drug.
- Prescription drugs** are administered to your child only from the original container as supplied by a pharmacist or from the original package. The container or package must be clearly labelled with your child's name, the name of the drug or medication, the dosage, the date of purchase, and instructions of administration and storage.

Please fill in the details as required below.

Medication Authorization

I, _____, authorize the administration of _____

Parent Name

Medication Name

to _____ by _____ as per the instructions herein.

Child's Name

Staff Name

Date

Parent's Signature

Date

Staff Signature

Medication Information

Physician's Name: _____

Medication Name: _____

Medication Purchase Date: ____/____/____

Storage: _____

Start Date: ____/____/____

End Date: ____/____/____

Time(s) given by the parent: _____

Time(s) of administration by the center: _____

Dosage: _____

Important: Any incomplete or illegible instructions will prevent staff from administering the medication.

Administration Record

Date	Time given	Amount Given	Staff Signature	Comments/Observations

NOTE: This is to be kept in the child's folder following the discontinuation of medication.