



## Medication Administration Policy and Parent/Guardian/Physician Consent

1. Medication will only be given with prior written consent of the child's parent/legal guardian. This consent (The Medication Authorization Form) will include the child's name, the name of the medication, reason for the medication, dosage, duration (start and stop dates), special storage requirements and any possible side effects (use package insert or pharmacist's written information).
2. A parent/legal guardian will be the sole consent to medication being given, without the consent of a health care provider, if and only if the medication meets all of the following criteria:
  - The medication is over-the-counter and is one of the following:
    - Antihistamine
    - Non-aspirin fever reducer/pain reliever
    - Non-narcotic cough suppressant
    - Decongestant
    - Ointments or lotions intended specifically to relieve itching
    - Diaper ointments or powders intended for use with "diaper rash"
    - Sunscreen for children over 6 months of age
  - The medication is in the original container and labeled with the child's name; *and*
  - The medication has instructions and dosage recommendations for the child's age and weight; *and*
  - The medication is not expired; *and*
  - The medication duration, dosage and amount to be given does not exceed label-specific recommendations for how often or how long to be given.
3. For sunscreen and diaper ointment, the written consent may cover an extended time period of up to one year.
4. For all other medications (such as fever reducers, cough medicine, or antibiotics), the written consent may only cover the course of the illness.



## Medication Authorization Form

<b>Child's Name:</b>	<b>Date of Birth/Age:</b>
<b>Name of Medication:</b>	<b>Reason for Medication:</b>
<b>Start Date:</b>	<b>Stop Date:</b>
<b>Times to be given:</b> <small>(*Can NOT be given "as needed")</small>	<b>Amount to be given:</b>
<b>Possible Side Effects:</b>	<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other
<input type="checkbox"/> Above information consistent with label?	<b>Requires Refrigeration:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Special Instructions:</b>	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Phone Number



