



**CCYC Medication Authorization Form**

**MONTH:** \_\_\_\_\_

Child's name: \_\_\_\_\_ Date(s) of authorization: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage amount: \_\_\_\_\_

Reason to be given to child: \_\_\_\_\_ Time to be given: \_\_\_\_\_

All prescription and non-prescription medications require written authorization from both the prescribing physician and the child's parent. Each medication must be in the original container, complete with administration instructions, and intact label. Each non-prescription medication must be accompanied with a doctor's note, in the original container labeled with the child's name, be age appropriate for the child, and have clear and complete instructions from the prescribing physician on route and dosage. This authorization is valid for a maximum of one month and then must be reauthorized for all future dates. Medications must be recorded every day they are administered. If a medication is not administered for any reason you must make a note as to the reason that it was not administered.

I authorize the Creative Center for Young Children staff to administer the following medication to my child as specified by my child's doctor.

<b>Signature of Parent</b>				<b>Date</b>
	Amount Given	Time Given	Staff Initials	Notes
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