

## Appendix A: AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

**Name of Child Care Centre:**

*This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.*

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**Child's Full Name:**

**Child's Date of Birth (dd/mm/yyyy):**

**Date Authorization Form Completed (dd/mm/yyyy):**

**Date Authorization Form Updated (dd/mm/yyyy):**

<b>Name of Drug or Medication</b> (as per the original container label):	
<b>Date of Purchase or Date Dispensed:</b> (dd/mm/yyyy)	
<b>Expiry Date:</b> (dd/mm/yyyy)	
<b>Authorization Start Date:</b> (dd/mm/yyyy)	
<b>Authorization End Date:</b> (dd/mm/yyyy or ongoing)	

### Method of Medication Administration (initial below)

- Child care centre staff are to administer the drug or medication to my child. \_\_\_\_\_
- My child will self-administer the drug or medication (optional, for children who attend school only). \_\_\_\_\_

### Authorization for Child to Carry Emergency Allergy Medication

- I authorize my child to carry their own asthma medication.
- Not applicable (this authorization is not for asthma medication).

### Medication Administration Schedule

- The drug or medication needs to be administered according to the following schedule:

Day(s) of the Week	Time(s) of the Day / Intervals	Amount/Dosage	Additional Information (where applicable)

Special Instructions:

- This form is required for over-the-counter( with doctor's note) and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

**AND/OR, where drugs are to be administered on an 'as needed' basis:**

The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

**Parent/Guardian Authorization Statement:**

I hereby authorize the person in charge of drugs or medications at \_\_\_\_\_  
(name of child care centre) to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre's medication administration policy.

I understand that staff at \_\_\_\_\_ are not medically trained to administer drugs and medications.

<b>Print name:</b>	<b>Relationship to Child:</b>
<b>Signature:</b>	<b>Date Signed: (dd/mm/yyyy)</b>

**Received By:**

<b>Print name:</b>	<b>Role at Child Care Centre:</b>
<b>Signature:</b>	<b>Date Signed: (dd/mm/yyyy)</b>

**For Child Care Centre Use Only****Location medication will be stored:**

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## For Office Use Only

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**Date Drugs/Medication Returned to Parent / Pharmacy (dd/mm/yyyy):**

**Disclaimer:** This document is a template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre it operates.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.

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