

AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

Name of Child Care Centre: Heritage Green Child Care Inc

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.

Child's Full Name: _____

Child's Date of Birth: _____

Date Authorization Form Completed: _____

Date Authorization Form Updated: . _____

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

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)
.	.	.	.

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:

<p>.</p> <p>Amount/Dosage:</p>

Special Instructions:

- This form is required for over-the-counter 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.

Parent/Guardian Authorization Statement:

I hereby authorize the person in charge of drugs or medications at Heritage Green Child Care Inc 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 Heritage Green Child Care Inc are not medically trained to administer drugs and medications.

Print name:	Relationship to Child: .
Signature:	Date Signed: .

Received By:

Print name:	Role at Child Care Centre: .
Signature:	Date Signed: .

For Child Care Centre Use Only

Location medication will be stored:

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- Children's personal health information should be kept confidential.