



LONG TERM MEDICATION AUTHORIZATION FORM Part 1 (For Physician)

LONG TERM 10 DAYS OR MORE MUST BE AUTHORIZED BY PHYSICIAN

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during Center hours and that this medication will be administered by Center Staff.

Child's Name

Prescription:

Medication Name: _____

Dosage: _____

Time(s) to be Administered: _____

Duration: _____

Date of Prescription: _____

Possible Side Effects: _____

For as needed medicine, please identify symptoms that will necessitate administration (signs and symptoms must be observable and when possible, measurable parameters):

Physician's Name

Physician's Signature

Date

I, _____, the parent or guardian of _____, request the Center Staff administer the medication prescribed above to my child during Center hours. I understand that the person who will administer the medication may be inexperienced. I also agree to furnish said medication in the container supplied by the drug store with the label intact.

Signature of Parent and/or Guardian _____ Date _____



MEDICATION AUTHORIZATION FORM Part 2 (For Parent)

Prescription and non-prescription drugs, including vitamins and aspirin, will be given to a child ONLY with the parent or guardian's COMPLETED written consent.

Child's Name _____ Date of Birth _____

Child's Known Allergies: _____

MCC has my permission to administer the following medication:

Medication Name and Prescription Number: _____

Dosage: _____

Time(s) to be Administered: _____

Special Instructions: _____

Adverse Reaction, if any: _____

Non-prescription Drugs: This form will expire ten (10) business days from the effective date. If medication is still required, a new form will have to be completed. This medication must be taken home daily and brought back the next day if so required.

Date of Authorization: _____

Prescription or Long Term Over-the-counter Drugs: This form will expire one year from the effective date. If medication is still required, a new form will have to be completed. A physician's Authorization Form is also required for Long Term medications. This medication can be kept on site.

Date of Authorization: _____

Signature of Parent and/or Guardian _____

Date/Time	Medication/Dosage	Any adverse reactions?	Any medication error?	STAFF

