

☐ PRESCRIPTION ☐ NONPRESCRIPTION (OVER THE COUNTER)

Child's Name:

Date of Birth:

This form must be completed fully in order for KidzBlock Learning Center staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12-month period, for each medication, and each time there is a change in dosage or time of administration of a medication. Multiple medications cannot be listed on one form.

- Prescription medication must be in a container labeled by the pharmacist or prescriber. The implementation for proper measurement must be given wherever possible and labeled with the child's full name.
- Non-prescription medication must be in the original container with the label intact. Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given to KidzBlock Learning Center.
- Standing Orders: with written permission from the child's medical provider may be administered according to the physician's instructions for a period not to exceed six months. The reason, dose, directions, start date, and end date must all be included in the authorization.
- Medications for Chronic Illnesses: for a period of not more than one year, the child's medical provider must complete a health care package. A completed Drug Authorization Form signed by a medical practitioner is needed if the medication administration information is not complete (See Prescription and Non-prescription medication above for details).
- Parent/Guardian must bring the medication to the facility. Also, must pick up the medication at the end of authorized period, otherwise it will be discarded.

Name of Medication

Route of Administration

Reason for Medication

Refrigeration required? Yes No

Amount/Dosage to be given

Frequency to be administered

Start Date

End date

Possible Side Effects

Special instructions

Physician's Name

Physician's Phone Number

Physician's Signature

On behalf of myself, I authorized KidzBlock Learning Center to administer the medication as prescribed by the above prescriber. I attest that I have given my child at least one dose of the prescription without experiencing any side effects. I certify that I have legal authority, understand the risk, and consent to medical treatment for the child named above, including the administration of medication. I agree to examine special instructions with KidzBlock Learning Center staff and demonstrate drug delivery procedures.

Parent/Guardian Signature

Date