Medication Authorization Form

For Prescription and Non-prescription Medications

Open arms
Christian Child Development Center

INSTRUCTIONS:

Section A must be completed by the parent/guardian for **ALL** medication authorizations.
Section A and Section B must be completed for any **long-term medication authorizations** (those lasting longer than 10 consecutive days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

Open Arms Christian Child Development Center has my permission to administer the following medication:

Medication name: _____ Route:_____

Dosage: _____ Times to be administered:_____

Special instructions (if any): _____

Child's known allergies:_____

This authorization is effective from: _____until: _____
(Start date) (**End date)**

Parent or Guardian's Signature: _____**Date**: _____

Section B: To be completed by child's physician

I, _____certify that it is medically necessary for the medication listed
(Name of Physician)
below to be administered to:_____ for a duration that exceeds 10 consecutive days.
(Child's name)

Medication name: _____ Route:_____

Dosage: _____ Times to be administered:_____

Special instructions (if any): _____

This authorization is effective from: _____until: _____
(Start date) **(End date)**

Physician's Signature: _____**Date**: _____

Physicians Phone: _____ Fax:_____

Open Arms Admin Signature:_____ Date:_____

Log of Medication Administration

- Use this form to document all medication administered.
- This form must be kept with the child's written medication consent form.
- Any medication errors (i.e. doses of the medication listed below not given) must be documented on this form and an incident report form.

Open arms®
Christian Child Development Center

Child's Name:_____ **Name of Medication:**_____

Date Given M/D/Y	Time (am/pm)	Dose and Route	"As Needed" Symptoms?	"As Needed" Time & Date Parent Notified	Administered by (Sign and Print Name)	Side Effects?	Side Effects Time & Date Parent Notified	Medication Error? (Include Reason)	Error Time & Date Parent Notified