

# Non-Prescription Medication Authorization/Administration Form

**FORM M-300**

**TO BE COMPLETED BY PARENT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Program Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

To administer non-prescription medication:

- The medication must be in its original container, labeled with the child's first and last name.
- Medications are to be given only to the child indicated on the container (twins and siblings can not share).
- Exact directions will be followed in accordance to the manufacturer's instructions on the container unless accompanied by a physicians/nurse practitioners written permission.
- If the container does not identify a dose for specific age, a physician/nurse practitioners authorization is required. (Use Prescription Medication **Form M-200**).
- A separate authorization is requested for each medication and each episode of illness.
- Parent/guardian is to give as many doses as possible at home.

Medication: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Start date: \_\_\_/\_\_\_/\_\_\_ End date: \_\_\_/\_\_\_/\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be given at child care: \_\_\_\_\_ AM, \_\_\_\_\_ PM

Last dose was given at \_\_\_\_\_ AM/PM (circle) on date \_\_\_/\_\_\_/\_\_\_

Route: by mouth, skin (location) \_\_\_\_\_, eye (R/L), ear (R/L) (circle)

Possible side effects: \_\_\_\_\_

Special handling/storage instructions: \_\_\_\_\_ Refrigeration?: Yes / No

**Parent/Guardian's Signature required:** \_\_\_\_\_

**Child care provider must record for each dose given with full signatures below**

NOTE: Assess the child for illness; we do not provide care for ill children.

Days	Date	Time	Dosage	Safety Check	Initials
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:
Monday	:	:	:	:	:
Tuesday	:	:	:	:	:
Wednesday	:	:	:	:	:
Thursday	:	:	:	:	:
Friday	:	:	:	:	:

Corresponding Signatures: \_\_\_\_\_

\* Unused medication: Returned to parents? Yes / No **or**, discarded appropriately (circle one)

by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\* Keep this form in the child's file when medication is finished.**