

PERMISSION FOR MEDICATION

One Medication Per Form

Top Portion to be Filled Out by Physician's Office

PLEASE WRITE LEGIBLY SO THE CORRECT DOSAGE MAY BE GIVEN

THIS FORM MUST BE COMPLETELY FILLED OUT—NO BLANKS--NO MEDICAL ABBREVIATIONS

Child's Name _____ DOB _____ Age _____ Weight _____

Child Care Facility Connections Early Learning and Development, LLC Phone/Fax: 720-524-4970

Primary Health Care Provider _____ Telephone _____

Medication _____

Dosage _____ Route _____

Time of day medication is to be given _____

Special Instructions _____

Purpose of Medication _____

Possible side effects _____

Duration per course (pain reliever cannot be given longer than 72 consecutive hours w/o further written instruction) _____

Start Date _____

End Date (up to a year) _____

Signature of Person W/ Prescriptive Authority

Date

Printed Name

License Number

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Bottom Portion to be Filled Out by Parent

Parent/Guardian

I hereby give my permission to Connections Early Learning and Development, LLC to give _____ the above prescription or over-the-counter medication at the childcare facility as ordered. I understand that it is my responsibility to furnish this medication.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the childcare home.

Signature of Parent

Date

If possible, please administer all medications at home.

To legally administer any medication at the childcare facility, I must follow Colorado state guidelines. The state guidelines are as follows:

*Any prescription or nonprescription medication (over the counter) may be administered by the caregiver only with a current written order of a physician and with written parental consent. Topical preparations including but not limited to petroleum jelly, diaper rash ointments, sunscreen, and bug sprays can be administered solely with written parent authorization: no written order by a physician is required as long as the preparations are not applied to open wounds or broken skin and is not being used to treat a condition.

*The caregiver can accept such medicines only in the original container. Prescription medicine containers must bear the original pharmacy label that shows the prescription number, name of medication, date filled, physician's name, child's name, and directions for dosage. When no longer needed, medications must be returned to the parent or guardian or destroyed.

*Nonprescription medication must be labeled with the child's first and last name. Caregivers can administer medication only to the child whose name appears on the written order from the physician.

*All caregivers who administer medication must be currently trained through department-approved medication administration course and must administer medication in compliance with the concepts taught in the course.

*Medication must be stored so that it is inaccessible to children. If refrigeration is required, it must be stored in a leak-proof container in a designated area of the refrigerator separated from food.

*A written medication log must be kept for each child. This log is a part of the child's record. The log must contain the child's name, name of the medication, dosage and route, time medication is to be given, special instructions, name and initials of the individual giving the medication, notation if the medication was not given, and the reason.
*Parents must provide all medication.

**This form must be completed and returned prior to any medication being administered. This form expires in 12 months.
Please as the pharmacist for a separate medicine bottle to keep at childcare.**