

KIDDIE TIME
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION 606 CMR 7.11(2)(b)

Name of child: _____

MEDICATION TYPE:

Prescription Oral/Non-Prescription Topical ointment

Prescription Medication Name: _____ Non-Prescription _____ Topical Non-Prescription _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Prescription Medications: must have a current pharmacist's label that includes the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.

Oral Non-prescription Medications: require a written order from the child's medical provider and the parent/guardian specifying the product, dosage, time, start date and end date and reason for a period not to exceed **one week**.

As Needed Children's Medications: require a written order from the child's medical provider and the parent/guardian for a period not to exceed **6 months**. Authorization must list the reason, dosage, start date and end date.

Non-prescription Topical Children's Ointments: can be applied with authorization from the parent/guardian according to manufacturer's instructions for a period not to exceed **one year**. This includes diaper cream, sunscreen and insect repellent and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children.

Prescription Topical Children's Ointments: require a written order from the child's medical provider and parent/guardian to be applied to **open, oozing sores**. Authorization must list the reason, dosage, start date and end date.

Medications for Chronic Illnesses: require a written order from the child's medical provider and parent/guardian. Authorization for prescription medications will not exceed the period indicated on the prescription label; however, will not exceed **one year**. Non-prescription medications must have a written order from the medical provider and parent/guardian; list the reason, dosage, times of administration, start date and end date, for a period not to exceed **one year**.

Diaper Cream, Sunscreen and Insect Repellent: can be applied with authorization from the parent/guardian according to manufacturer's instructions for a period not to exceed **one year**. Directions must be designated for use for children.

Note: Products containing Benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, may only be applied with authorization from the child's medical provider for a period not to exceed **seven consecutive days**.

Note: All medications must be provided in the original container, labeled with the child's full name and any medication spoon/device to administer the medication must be provided. Non-prescription medications must be designated for use for children.

I further agree to indemnify and hold harmless Kiddie Time Corp., and their agents and employees, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Dosage: _____

Date(s) medication to be given: _____ Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Print Name of Licensed Physician

Signature of Licensed Physician

Address

Phone

Date/ License #

Parent/ Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
 I have administered at least one dose of the medication to my child/student without adverse effects.

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

*For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)