

Little Lambs Home Daycare

AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the home child care agency's medication administration policy and procedures.

Child's Full Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Date Authorization Form Completed (dd/mm/yyyy): _____

Date Authorization Form Updated (dd/mm/yyyy): _____

Name of Drug or Medication (as per the original container label):	
Date of Purchase or Date Dispensed: (dd/mm/yyyy)	
Expiry Date: (dd/mm/yyyy)	
Authorization Start Date: (dd/mm/yyyy)	
Authorization End Date: (dd/mm/yyyy or ongoing)	

Method of Medication Administration (initial below)

- _____ The home child care provider is to administer the drug or medication to my child.
- _____ My child will self-administer the drug or medication (optional, for children who attend school only).

Authorization for Child to Carry Emergency Allergy Medication

- I authorize my child to carry their own asthma medication.
- I authorize my child to carry their own epinephrin auto-injector. (Optional, for children who attend school only, *Must be in zippered belt carrier*)
- Not applicable (this authorization is not for asthma medication).

Medication Administration Schedule

- The drug or medication needs to be administered according to the following schedule:

Day(s) of the Week	Time(s) of the Day / Intervals	Amount/Dosage	Additional Information (where applicable)

Special Instructions:

- *Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

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AND/OR, where drugs are to be administered on an 'as needed' basis:

The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize _____ (name of provider) to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the home child care agency's medication administration policy.

I understand that home child care providers are not medically trained to administer drugs and medications.

Print name:	Relationship to Child:
Signature:	Date Signed: (dd/mm/yyyy)

Received By:

Print name:	Role:
Signature:	Date Signed: (dd/mm/yyyy)

For Agency/Provider Use Only

Location medication will be stored:

Date Medication Returned to Parent / Pharmacy (dd/mm/yyyy):

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- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.