



Written Medication Consent Form

PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the child day program is to administer the medication (i.e.: 12pm): _____	
20. I, parent/legal guardian, authorize the child day program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to _____ (child's name)	
21. Parent or legal guardian's name (please print):	22. Date authorized:
23. Parent or legal guardian's signature:	

CHILD DAY PROGRAM TO COMPLETE THIS SECTION (#24 - #30)

24. Provider/Facility name:	25. Facility telephone number:	26. (leave blank)
27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all information needed to give this medication has been given to the child day program.		
28. Authorized child care provider's name (please print):	29. Date received from parent:	
30. Authorized child care provider's signature:		

ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ (date) . Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.
32. Parent or Legal Guardian's Signature:

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)

33. Describe any additional training, procedures or competencies the child day program staff will need to care for this child. _____ _____ _____
34. Licensed Authorized Prescriber's Signature:
35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order. DATE: _____ By completing this section the child day program will follow the written instruction on this form and <i>not</i> follow the pharmacy label until the new prescription has been filled.
36. Licensed Authorized Prescriber's Signature:

PERMISSION REQUIREMENTS

SHORT-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a medication to any child in your care for ten days or less.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed*</i>
	Oral	Written	<i>None needed*</i>
	Inhaled/Nasal	Written	<i>None needed*</i>
	Patches	Written	<i>None needed*</i>
	Eye	Written	<i>None needed*</i>
	Ear	Written	<i>None needed*</i>
Prescription	Topical	Written	<i>None needed*</i>
	Oral	Written	<i>None needed*</i>
	Inhaled/Nasal	Written	<i>None needed*</i>
	Patches	Written	<i>None needed*</i>
	Eye	Written	<i>None needed*</i>
	Ear	Written	<i>None needed*</i>
	Nebulizer	Written	Written
	EpiPen® Injection	Written	Written

*The parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, *written* instructions from the child's health care provider are required.**

NOTE: All permissions must be renewed or discontinued after ten (10) work days.

PERMISSION REQUIREMENTS

LONG-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for more than ten (10) days.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter	Topical	Written	<i>None needed*</i>
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
Prescription	Topical	Written	Written
	Oral	Written	Written
	Inhaled/Nasal	Written	Written
	Patches	Written	Written
	Eye	Written	Written
	Ear	Written	Written
	Nebulizer	Written	Written
	EpiPen® Injection	Written	Written

*For over-the-counter topical medication where instructions from the child's health care provider are not required, the parent's instructions for administration must be consistent with any directions for use noted on the original container, including but not limited to precautions related to age and special health conditions. **If the instructions are not consistent, written instructions from the child's health care provider are required.**

NOTE: Long-term permissions must be updated at least every six months.