

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS BY DAYCARE PERSONNEL

If a Child Day Care Center or Group Day Care Home chooses to administer medications, the CT State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for the nurse, the director, teacher or group day care home provider to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

PHYSICIAN OR DENTIST'S ORDER

Name of Child: _____ Date: _____

Address: _____ Date of Birth: _____

Condition for which drug is being administered during day care hours: _____

Drug: Name, dose and method of administration: _____

Time of administration: _____

Medication shall be administered from: _____ to _____

(Date) (Date)

Relevant side effects to be observed, if any: _____

If there are side effects, plan for management: _____

Is this a controlled drug? _____

Allergies to food or drugs? If yes, list: _____

Physician's/Dentist's Name: _____ Phone: _____
(Type or Print)

Address: _____

Physician's or Dentist's Signature: _____

AUTHORIZATION BY PARENT/GUARDIAN for the administration of the medication:

Date: _____

To day care nurse, director, teacher or group day care home provider:

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by the Nurse, Director, or teacher. I understand that I must supply the Child Day Care Center or Group Day Care Home with the prescribed medication in the original container dispensed and properly labeled by the physician or pharmacist.

I understand that this medication will be destroyed if it is not picked up within one week following the termination of the order.

Name: _____
(Type or Print)

Signature: _____ Relationship to child: _____

Address: _____ Phone: _____

