

## Authorization for Dispensing Medications to Children and Youth Long-Term Medications (Prescription and Non-Prescription)

**Prescription medication** must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child/youth designated on the prescription label in accordance with the instructions on the label. <u>Non-prescription medications</u> can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

	Date of Birth		
Pre	Prescription and Non-Prescription		
Start Date	Stop Date		
	Phone Number		
lesignated person			
	Date		

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE. Designated person to note any comments or remarks about the child's/youth's appearance on the back of this form.

Date mm/dd/yy	Time	Name of Medication	*Initials	Date mm/dd/yy	Time	Name of Medication	*Initials

*Each designa	ted perso	on administering medication	is to sign or	n the back side	e of this for	rm and identify initials used	above

*Signature of Designated Person Administering Medication	Initialing as
*Signature of Designated Person Administering Medication	Initialing as
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## Note Form

Date	Additional comments about the incident or other related incidents, including comments or remarks about the child's/youth's appearance and/or condition.