

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

<u>Prescription medication</u> 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.

Medication #1	Medication #2				
First and Last Name of Child/Youth Date of Birth	First and Last Name of Child/Youth Date of Birth				
Name of Medication	Name of Medication				
Reason for Medication	Reason for Medication				
Dose Time to be Given Stop Date	Dose Time to be Given Stop Date				
Name of Licensed Physician/PA/APRN prescribing the medication () Phone Number of Physician, PA, or APRN I allow the above medication to be given to my child/youth by the designated person.	Name of Licensed Physician/PA/APRN prescribing the medication () Phone Number of Physician, PA or APRN I allow the above medication to be given to my child/youth by the designated person.				
Parent's Signature Date	Parent's Signature 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

*Fach desig	nated person administe	ring medication	is to sign o	n the hack sid	le of this form	and identify init	tials used al	hove		
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*Signature	of Designated Person Adı	ministering Medic	ation		Initialing as					
*Signature	of Designated Person Adı	ministering Medic	ation		Initialing as					
*Signature	of Designated Person Adı	ministering Medic	ation			Initia	aling as			
*Signature	of Designated Person Adı	ministering Medic	ation			Initia	aling as			
			Note	Form						
Date	Additional comp	nents about	the incid	ent or oth	er related i	incidents in	cludina			
Date	Additional comments about the incident or other related incidents, including comments or remarks about the child's/youth's appearance and/or condition.									