



NON-PRESCRIPTION MEDICATION AUTHORIZATION

TO BE COMPLETED BY PARENT

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

Program Name Jack & Jill Early Childhood Learning Today's Date (mm/dd/yyyy) _____

To administer non-prescription medication:

- The medication must be in its original container, labeled with the child's first and last name.
- Medications are to be given only to the child indicated on the label (twins and siblings cannot share).
- Exact directions will be followed in accordance to the manufacturer's instructions on the container unless accompanied by a physician's/nurse practitioner's written permission.
- A separate authorization is required for each medication and each episode of illness.
- Parent/guardian is to give as many doses as possible at home.

Medication: _____ Start Date: _____ End Date: _____

Reason for giving: _____

Dosage: _____ Time(s) to be given at child care: _____ AM, _____ PM

Last dose was given at: _____ AM PM on date _____

Route: by mouth skin (location) _____ eye Right Left ear Right Left

Possible side effects: _____

Special handling/storage instructions: _____ Refrigeration Yes No

PARENT/GUARDIAN SIGNATURE

Signature of Parent/Guardian

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

Signature of Physician/Nurse Practitioner
(for over-the-counter medication requiring medical consent, otherwise the pharmacy label indicates physician's permission)

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Child care provider must record for each dose

Day	Date	Time	Dosage	Safety Check	Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Keep this form in the child's file when medication is completed.

Corresponding Signatures: _____

_____ _____

Unused medication:

Return to parent or, discard appropriately

by: _____ Date: _____

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