

Center / Room Number: _____
Authorization to Administer Medications by Day Care Personnel

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

PHYSICIAN'S OR DENTIST'S ORDER:

Child's Name: _____ Date: _____

Address: _____ Date of Birth: _____

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

DRUG:

Name of Drug: _____ Dose: _____

Method of Administration: _____ Time of Admin: _____

Medication shall be administered from: _____ to _____
(DATE) (DATE)

Relevant side effects to be observed, if any: _____

If there are side effects, a plan for management: _____

Is this a controlled drug? Yes No Refrigeration needed? Yes No

Allergies to food or drugs? Yes No If Yes, Please Explain: _____

Physician's/Dentist's Name: _____

Address: _____

Telephone Number: _____

Physician's/Dentist's Signature: _____

Parent / Guardian Authorization for the Above Mentioned Medication

Date: _____

To: Day Care, Nurse, Director, Teacher or Group Day Care Home Provider

I hereby request that the above mentioned 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 a 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 of Parent/Guardian (Please Print) Signature of Parent / Guardian

Relationship to Child Address: _____

Telephone # (Home) Telephone # (Work) Telephone # (Mobile) _____

