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Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Phone: 785-296-1270 Fax: 785-296-0803 Website: www.kdheks.gov/kidsnet

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

<u>Prescription medications</u> must be in their original containers labeled with the child's or youth's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. Administer the medication according to the instructions. <u>Non-prescription medications</u> can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the child's or youth's physician. Administer nonprescription medication from the original container labeled with the first and last name of the child or youth and according to the instructions on the label. A record of administration must be kept.

First and Las	t Name of Child or Youth					
Name of Med	dication (only one medication per authorization)	Prescription	Prescription OR Non Prescription			
Reason for M	Medication					
Dose	Time to be Given	Start Date	Stop Date**			
Name of Lice	ensed Physician or Nurse Practitioner prescribing the medi	cation Phone	Phone # of Physician			
I allow the abmember.	pove medication to be given to my child or youth by the chi	ld care provider/staff membe	er or school age program staff			
Parent's Sign	nature		Date Signed			

*"Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION IDENTIFIED ABOVE. Provider or staff member to note any comments or remarks about the child's or youth's appearance and/or condition on the back of the form.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

*Signature of Person Administering Medication		Initialing as					
*Signat	ure of Person Administering Medication	Initialing as					
*Signat	ure of Person Administering Medication	Initialing as					
Note Form							
Date	Additional comments about the incident or other related incidents, including comments or remarks about the child's or youth's appearance and/or condition.						

*Signature of Person Administering Medication ______ Initialing as _____