

London Waldorf School Childcare
MEDICATION AUTHORIZATION FORM
(for Short Term and Ongoing Medication)

NAME OF CHILD:

NAME OF MEDICATION:

EXPIRY DATE: (note: all medication given must have a clear expiry date)

DOSAGE/USEAGE: (ex. amount of medication or way in which medications should be applied)

WHEN SHOULD MEDICATION BE GIVEN: (TIME or detail about signs/symptoms present to indicate need for it)

REASON FOR ADMINISTERING MEDICATION: (ex. Ear infection, asthma, eczema)

POSSIBLE SIDE EFFECTS: (ex. rash, diarrhea)

TYPE OF MEDICATION: Short Term or Ongoing.

SHORT TERM MEDICATION

START DATE: _____ END DATE: _____

**Note: Inhalers for short term use require note from Doctors with specific condition, plus symptoms & directions.

ONGOING MEDICATION

EPI-PEN INHALER OTHER: _____

*Note: Epi-Pens and Inhalers for long term use require an Individual Support Plan for Medical Needs to be on file.

**Note: For Ongoing Medications a copy of this form will be stored in both the child's file and the emergency binder.

STORAGE CONDITIONS: ROOM TEMPERATURE FRIDGE

Staff has checked to see that form is filled out completely and that the name, dose, and instructions on the bottle match the information that is filled out above.

PARENTAL APPROVAL: I request that and give permission for the staff of London Waldorf School Childcare to administer medication to my child, according to the procedures and instructions as listed on this form.

Parent Signature

Date (mo/day/yr)

*Please see the reverse side of page to fill out the Child's Medication Administration Log

