



NURTURE WITH CARE KIDS ACADEMY

Guiding Tiny Steps into A Bright Future

Email: Info@NurtureWithCareKidsAcademy.com

Phone: (360) 682-8920

Oak Harbor, WA 98277

NurtureWithCareKidsAcademy.com

MEDICATION AUTHORIZATION FORM

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An early learning provider must not give medication to any child without written and signed consent from the child's parent or guardian, and must administer medication according to the directions on the medication label.

CHILD INFORMATION

Child's Full Name: _____ Birthdate: _____

Parent/Guardian Email: _____

MEDICATION INFORMATION

Name of Medication (as it appears on the container): _____

Dosage: _____ Start Date: _____ End Date: _____

To be given at the following times: _____

Reason for giving medication / medical need:

Possible side effects:

Additional information:



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MEDICATION REQUIREMENTS

PRESCRIPTION MEDICATION

Must only be given to the child named on the prescription, and must be labelled with the child's first and last name, the date the prescription was filled, the prescribing health professional's name and contact information, the expiration date, the dosage amount, the length of time to give it, and instructions for administration and storage.

NONPRESCRIPTION (OVER-THE-COUNTER) MEDICATION

Must be brought in its original packaging with the expiration date, labelled with the child's first and last name. Instructions on the label must be followed unless the parent provides a note from a medical professional.

SPECIAL REQUIREMENTS

If the packaging label does not include an expiration date, dosage amount, age, or length of time to give, written authorization from a health care provider with prescriptive authority is required. This includes vitamins, herbal supplements, fluoride supplements, homeopathic and naturopathic medication, and teething gels or tablets. Amber bead necklaces are prohibited.

AUTHORIZATION

I give permission for the staff of Nurture with Care Kids Academy to give my child the medication described above.

Parent/Guardian Signature

Date

SPECIALIZED MEDICATION ADMINISTRATION TRAINING (if applicable)

I, or my appointed designee, have provided training about specialized medication administration procedures for my child, specific to this medication, to the following staff:

Staff trained: _____

Parent/Guardian (or Designee) Signature

Date

Early Learning Provider Signature

Date