



CCEP Prescription Medication Authorization/Administration Form

TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name: _____ Date of Birth ____/____/____

To administer a prescription medication:

- The medication must be in its original container, with a legible label from the pharmacy indicating child's name, date (covers period when medication is to be given), name of medication, dosage, instructions for use (is consistent with parent's request), doctor's/nurse practitioner's name, pharmacy name and telephone number.
- CCEP will not accept medication that will expire during the current school year.
- Samples must be accompanied by a doctor's written prescription.
- Medications are to be given only to the child indicated on the label (twins and siblings cannot share).
- A separate authorization is required for each medication and each episode of illness.
- Label constitutes the physician's/nurse practitioner's order.
- Parent/guardian is to give as many doses as possible at home.
- Parent/guardian agrees that CCEP is not a health care provider and is acting as the parent's/guardian's agent.
- By regulation, this Authorization/Administration Form must be completed at least every 12 months.

Medication: _____

Reason for giving: _____

Start date: ____/____/____

End date: ____/____/____

Dosage: _____

Time(s) to be given at preschool: ____AM ____PM

Last dose was given at ____AM/PM (circle) on date ____/____/____

Route: by mouth, skin (location) _____, eye (R/L), ear (R/L) (circle)

Possible side effects: _____

Special handling/storage instructions: _____ Refrigeration?: Yes/No

Parent/Guardian's Signature: _____

*Unused medication: Returned to parents? Yes/No or, discarded appropriately (circle one)

By: _____ Date: ____/____/____

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

Parent/Guardian agrees to indemnify and hold harmless Christ Church Episcopal, Christ Church Episcopal Preschool, and their directors, officers, employees, and agents from any claim, cause of action, and/or damages related to the determination to administer, and/or the administration of, the prescribed medication to the above-listed child.

Parent/Guardian Signature: _____ Date: ____/____/____