

# AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

## Manor Park Child Care Centre

*This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.*

---

**Child's Full Name:** Click here to enter text.

**Child's Date of Birth (dd/mm/yyyy):** Click here to enter text.

**Date Authorization Form Completed (dd/mm/yyyy):** Click here to enter text.

**Date Authorization Form Updated (dd/mm/yyyy):** Click here to enter text.

|   |                           |
|---|---------------------------|
| <b>Name of Drug or Medication</b><br>(as per the original container label): | Click here to enter text. |
| <b>Date of Purchase or Date Dispensed: (dd/mm/yyyy)</b>                     | Click here to enter text. |
| <b>Expiry Date: (dd/mm/yyyy)</b>  | Click here to enter text. |
| <b>Authorization Start Date: (dd/mm/yyyy)</b>                               | Click here to enter text. |
| <b>Authorization End Date: (dd/mm/yyyy or ongoing)</b>                      | Click here to enter text. |

### Method of Medication Administration (initial below)

- Child care centre staff are to administer the drug or medication to my child. \_\_\_\_\_
- My child will self-administer the drug or medication (optional, for children who attend school only). \_\_\_\_\_

### Authorization for Child to Carry Emergency Allergy Medication

- I authorize my child to carry their own asthma medication.
- Not applicable (this authorization is not for asthma medication).

### Medication Administration Schedule

- The drug or medication needs to be administered according to the following schedule:

| Day(s) of the Week        | Time(s) of the Day / Intervals | Amount/Dosage             | Additional Information (where applicable) |
|---------------------------|--------------------------------|---------------------------|---|
| Click here to enter text. | Click here to enter text.      | Click here to enter text. | Click here to enter text.                 |

#### Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

**AND/OR, where drugs are to be administered on an 'as needed' basis:**

The drug or medication needs to be administered when the following physical symptoms are observed:

Click here to enter text.

Amount/Dosage:

**Parent/Guardian Authorization Statement:**

I hereby authorize the person in charge of drugs or medications at [Click here to enter text.](#) (name of child care centre) to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre's medication administration policy.

I understand that staff at [Click here to enter name of child care centre](#) are not medically trained to administer drugs and medications.

|                    |   |
|--------------------|---|
| <b>Print name:</b> | <b>Relationship to Child:</b><br>Click here to enter text.    |
| <b>Signature:</b>  | <b>Date Signed: (dd/mm/yyyy)</b><br>Click here to enter text. |

**Received By:**

|                    |  |
|--------------------|--|
| <b>Print name:</b> | <b>Role at Child Care Centre:</b><br>Click here to enter text. |
| <b>Signature:</b>  | <b>Date Signed: (dd/mm/yyyy)</b><br>Click here to enter text.  |

**For Child Care Centre Use Only****Location medication will be stored:**

## Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.

## For Office Use Only

---

**Date Drugs/Medication Returned to Parent / Pharmacy (dd/mm/yyyy):**

**Disclaimer:** This document is a template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre it operates.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry's authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.

Special Instructions:

- This form is required for over-the-counter and prescription medications. For non-prescription skin products, the Authorization to Administer Non-Prescription Skin Products form must be completed.
- A separate form should be completed for each drug or medication that a child requires.
- Children's personal health information should be kept confidential.