Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child’s name, name of medication, directions for medication’s administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber’s order.

Authorized Prescriber’s Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child ___________________________ Date of Birth ____/____/____ Today’s Date ____/____/____

Medication Name _____________________________________________ Controlled Drug? ☐ YES ☐ NO

Dosage ___________________ Method _________________ Time of Administration____________________

Specific Instructions for Medication Administration _______________________________________________

Medication Administration Start Date _____/_____/____ Stop Date _____/_____/_____

Relevant Side Effects of Medication __________________________________________________________

Plan of Management for Side Effects _________________________________________________________

Known Food or Drug: Allergies? ☐ YES ☐ NO Reactions to? ☐ YES ☐ NO Interactions with? ☐ YES ☐ NO

If “yes” to any of the above, please explain _____________________________________________________

Prescriber’s Name ____________________________________ Phone Number (_____)_________________

Prescriber’s Address _________________________________________________________________ Town ____________

Signature ___________________________________________________

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that I have administered at least one dose of the medication to my child without adverse effects.

Name of Day Care Program _____________________________ Today’s Date _____/_____/____

Child’s Name __________________________ Address __________________________ Town ____________

Name of Parent/Guardian Authorizing Administration of Medication _____________________________

Relationship to Child: ☐ Mother ☐ Father ☐ Guardian/Other explain: _____________________________

Address __________________________ Town ____________ Phone Number (_____) ___________

Signature of Parent/Guardian Authorizing Administration of Medication _____________________________

Name of Childcare Personnel Receiving Written Authorization and Medication ______________________

Title/Position __________________________ Signature (in ink) __________________________

S:\Division\Licensure\Grp&Ctr\Field Forms\G_C_AdminMeds.doc 3/31/09 (Website)
## Medication Administration Record (MAR)

Name of Child ___________________________________________ Date of Birth ______/______/______
Pharmacy Name _________________________________________ Prescription Number _______________
Medication Order _______________________________________

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<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Remarks</th>
<th>Was This Medication Self Administered?</th>
<th>Signature of Person Observing or Administering Medication</th>
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*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete
☐ Medication is appropriately labeled
☐ Medication is in original container
☐ Date on label is current

Person Accepting Medication (print name)_________________________________________ Date_____/_____/_____