



# Authorization to Administer Medication

Participant's name: \_\_\_\_\_ Site: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please note: Families are varied and the use of the word Parent(s) refers to the adult(s) who are responsible for the participant(s).

By completing this form, Parent agrees to ensure the participant's medication is on-site with Wisconsin Youth Company staff no later than the participant's first day of program. Only one medication may be listed per form.

Name of medication: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time(s) of day to be administered (check one):

Specific Time(s): \_\_\_\_\_ a.m./p.m. | \_\_\_\_\_ a.m./p.m. | \_\_\_\_\_ a.m./p.m.

Or

This is an emergency use medication. Only administer medication when needed

How to administer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication expiration date: \_\_\_\_\_ Length of authorization: from \_\_\_\_\_ to \_\_\_\_\_  
Date - MM/DD/YY Date - MM/DD/YY

### Over-the-counter medications Only (non-prescription)

Yes  No Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?  
If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

\_\_\_\_\_  
Name - OTC Medication

\_\_\_\_\_  
Parent Initials

#### Parent Checklist:

- Medication is in the original container and labeled with the participants's name.
- The label includes dosage, expiration date and direction for administration.
- Additional information / special instructions / contraindications - Specify

#### Staff Verification:

- Medication is in the original container and labeled with the participant's name.
- The label includes dosage, expiration date and direction for administration.
- Additional information / special instructions / contraindications - Specified

#### SITE USE ONLY:

Amount received: \_\_\_\_\_  
 Received date: \_\_\_\_\_  
 Medication expiration date: \_\_\_\_\_  
 Amount returned: \_\_\_\_\_  
 Returned date: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize administration of the above medication to my participant by staff of the child care center listed above.

\_\_\_\_\_  
Parent Name: Please print



\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date