Medication Authorization/Administration Form
Prescription and Non-Prescription

Form M-100

All prescription medication must arrive in original container, with prescription label attached.

Program Name: Bethlehem Child Care Cent Today's Date: _____

Child's Name: _____ Date of Birth: _____

Medication/Dosage: _____ Time(s) to be given: _____

Reason for giving: _____

Duration of administration: _____

*medications requiring long term use must have an accompanying ICCPP from medical provider

Parent/Guardian Signature: _____

Health Care Provider Signature: _____

*only required for non-prescription medications when dosage does not match manufacturers' instructions

Safety Check – check each section

Medication in original container?	Yes ◯	No ◯
Prescription label legible?	Yes ◯	No ◯
Medication is not past expiration date	Yes ◯	No ◯

* if any answer is NO do not give medication

Date	Time	Dosage	Print Full Name AND Signature