

**MEDICATION ADMINISTRATION AUTHORIZATION FORM
SUNSCREEN & BUG REPELLENT**

St. James' Children's School

This Form must be completed fully in order for child care provider and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Non-prescription medication must be in the original container with the label intact.
- Parent/Guardian must bring the medication to the facility.
- Must pick up the medication at the end of authorized period, otherwise it will be discarded.

Child's Name: _____ Date of Birth: _____

SUNSCREEN

MEDICATION Expiration Date:	DOSAGE	ROUTE	Time/frequency of administration	DATES TO ADMINISTER	
				START	STOP
Condition for which medication is being administered:					
Possible side effects & special instructions:					

BUG REPELLENT

MEDICATION Expiration Date:	DOSAGE	ROUTE	Time/frequency of administration	DATES TO ADMINISTER	
				START	STOP
Condition for which medication is being administered:					
Possible side effects & special instructions:					

PARENT/GUARDIAN AUTHORIZATION

I/We request child care provider/staff to administer the medication as prescribed by the above prescriber. I attest that I have administered at least one dose of the medication to my child without adverse effects. I/We/certify that I/we have legal authority, understand the risk and consent to medical treatment for the child above, including the administration of medication. I agree to review special instructions and demonstrate medication administration to the child care provider.

Parent/Guardian Signature: _____ Date: _____

FACILITY RECEIPT AND REVIEW

Medication was received from _____ Date: _____

Special Health Care Plan Received: YES NO

Medication was received by: _____

Signature of Person Receiving Medication and Reviewing Form

Date