



NURTURE WITH CARE KIDS ACADEMY

Guiding Tiny Steps into A Bright Future

Email: info@nurturewithcarekidsacademy.com
Phone: (360) 682-8920
1162 SW Fort Nugent Ave, Oak Harbor, WA 98277

MEDICATION AUTHORIZATION FORM

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An early learning provider must not give medication to any child without written and signed consent from the child's parent or guardian, and must administer medication pursuant to directions on the medication label.

CHILD INFORMATION

Child's Full Name:

Birthdate:

Parent/Guardian Email:

MEDICATION INFORMATION

Name of Medication (as it appears on container):

Dosage:

Start Date:

End Date:

To be given at the following times:

Reason for Giving Medication to Child / Medical Need:

Possible Side Effects of Medication:

Additional Information:

MEDICATION REQUIREMENTS

PRESCRIPTION MEDICATION

Must only be given to the child named on the prescription. Must be labeled with: child's first and last name, date the prescription was filled, prescribing health professional's name and contact info, expiration date, dosage amount, length of time to give, and instructions for administration and storage.

NONPRESCRIPTION (OVER-THE-COUNTER) MEDICATION

Must be brought in original packaging with expiration date and labeled with child's first and last name. Instructions on the label must be followed unless parent provides a medical professional's note.

SPECIAL REQUIREMENTS

If packaging label does not include expiration date, dosage amount, age, or length of time to give, written authorization from a health care provider with prescriptive authority is required. This includes: vitamins, herbal supplements, fluoride supplements, homeopathic/naturopathic medication, and teething gels/tablets. Note: Amber bead necklaces are prohibited.



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AUTHORIZATION

I hereby give permission for the staff of Nurture with Care Kids Academy to give my child the medication as prescribed above.

Date:

Parent/Guardian Signature

Specialized Medication Administration Training (if applicable)

I, or my appointed designee, have provided training about specialized medication administration procedures for my child specific to this medication to the following staff member(s):

Date:

Parent/Guardian (or Designee) Signature

Date:

Early Learning Provider Signature