



Medication Authorization Form

Pursuant to Title 5A, Chapter 1 of the District of Columbia Municipal Regulations (DCMR), Section 153.1; "A Licensee shall not administer medication or treatment to a child in care, with the exception of emergency first aid, whether prescription or non-prescription, unless: parental permission to administer the medication or treatment is documented on a completed, signed, and dated medication authorization form that is received by the Licensee before the medication or treatment is administered or a licensed health care practitioner has approved the administration of the medication and the medication dosage."

Pursuant to Title 5A, Chapter 1 of the District of Columbia Municipal Regulations (DCMR), Section 153.5, "A Licensee shall maintain a medication log, on a form approved by OSSE. Each time medication is administered to a child, a staff person shall enter the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication in the medication log."

Part I: To be completed by the parent/guardian and child's physician:

I do hereby give permission to National Child Research Center to administer the following
Name of Facility

prescribed medication to my child _____ born on _____.

| Name of Medication | Time/Frequency | Dosage | Effective Dates | |
|--------------------|----------------|--------|-----------------|-----|
| | | | From: | To: |
| | | | From: | |
| | | | To: | |
| | | | From: | |
| | | | To: | |

Signature of Physician

Date

Signature of Parent/Guardian

Date

Part II: To be completed by the center director or staff administering medication who has current medication administration certificate:

| Name of Medication | Date | Time Given | Reactions | Staff Initials |
|--------------------|------|------------|-----------|----------------|
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PLEASE PLACE A COPY IN THE CHILD'S FILE.