



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY  
 PHONE: 973-377-4945  
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## Medication Permission Form: Authorization to Give Medication in Childcare Center or School

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Classroom: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Continue through (date): \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Dose & time to be given: \_\_\_\_\_  
 (write in specific times)

If prescribed on an as needed (PRN) basis, give for these symptoms: \_\_\_\_\_

(example: for fever, pain, allergic reaction, rash, cough, wheeze)

Side effects, if any: \_\_\_\_\_

Please indicate if this medication is:

**PRESCRIPTION MEDICATION**

Is the medication in the original container/box with the prescription label and instructions attached?

YES (Physician Authorization is not required)

NO. See Physician's Authorization requirement below \* This medication (including samples) may not be given unless the required information is provided.

**REQUIREMENTS ASTHMA &/or ALLERGY MEDICATIONS**

\*Children with asthma medications (inhalers/nebulizers) will need an Asthma Treatment Plan completed

\*Children with severe allergies/epi-pens will need a Food Allergy Action plan completed

**NON-PRESCRIPTION MEDICATION**

For **all** non-prescription medications, you must provide a completed Physician's Authorization\* (see below).

**I hereby give permission for the administration of the medication described above by the staff of the F.M. Kirby Children's Center, and have provided the completed Physician's Authorization if necessary.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Printed Name: \_\_\_\_\_

**\* PHYSICIAN'S AUTHORIZATION**

You must provide **either** of the following forms of authorization, which must be signed by a physician:

**Physician's Signature:** \_\_\_\_\_ **Physician's Stamp:** \_\_\_\_\_

See attached, signed physician's authorization document

**All forms are valid for one year from date of health provider's signature.**  
 (Please see other side)

Updated: 10/6/2023

## Kirby's Medication Policy

The first dose of any medication must be given at home prior to the center dispensing the medication if the child has never been on the medication before.

If prescription medications are in the original container labeled with child's name, name of medication, date prescribed and directions for administration and have a current date, further documentation from a physician is not needed except if it is an allergy medication (Epipen/Auvi-Q, Benadryl) &/or Asthma medication (inhaler/nebulizer). In that case an Allergy Action Plan &/or an Asthma Treatment Plan is required. A parent must still complete and sign the medication permission form to allow Kirby staff to administer the prescribed medication.

Non-prescription medications must be provided by parents and be in the original container. In addition, non-prescription medications **must** have a physician's authorization as well as a parent's signature on the medication permission form.

Sample medications must have complete instructions including name of medication, dosage information, time to be given, date and physician AND parent signature with the first dose to have been given at home.

No medication is to be put in a child's bottle, sippy cup or any food or drinks brought into the Center.

Children are NOT allowed to keep any medication with them. All medication is to be kept in the Nurse's office.

*I have read and agree with the above Kirby Medication Policy.*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Printed Name: \_\_\_\_\_