



# Medication Authorization/Administration Form Prescription and Non-Prescription

Form M-100

Program Name: Westwood Preschool

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 <input type="radio"/>	No <input type="radio"/>
Prescription label legible?	Yes <input type="radio"/>	No <input type="radio"/>
Medication is not past expiration date	Yes <input type="radio"/>	No <input type="radio"/>

\* if any answer is NO do not give medication

Date	Time	Dosage	Print Full Name <u>AND</u> Signature