CCL.026
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Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
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Authorization for Dispensing Medications to Children or Youth
Short-Term Medications (Prescription and Non-Prescription)

Prescription medications must be in their original containers labeled with the child's or youth's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. Administer the medication according to the instructions. Non-prescription medications can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the child's or youth's physician. Administer nonprescription medication from the original container labeled with the first and last name of the child or youth and according to the instructions on the label. A record of administration must be kept.

Medication #1

First and Last Name of Child or Youth

Name of Medication

Reason for Medication

Dose Time to be Given Stop Date

Name of Licensed Physician/Nurse Practitioner prescribing the medication

( )
Phone number of Health Care Provider

I allow the above medication to be given to my child or youth by the child care provider/staff member or school age program staff member.

Parent's Signature Date

Medication #2

First and Last Name of Child or Youth

Name of Medication

Reason for Medication

Dose Time to be Given Stop Date

Name of Licensed Physician/Nurse Practitioner prescribing the medication

( )
Phone number of Health Care Provider

I allow the above medication to be given to my child or youth by the child care provider/staff member or school age program staff member.

Parent's Signature Date

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE. Provider or staff member to note any comments or remarks about the child's or youth's appearance on the back of this form.

Date mm/dd/yy	Time	Name of Medication Given to Child	*Initials	Date mm/dd/yy	Time	Name of Medication Given to Child	*Initials

Each person administering medication is to sign on the back side of this form and identify initials used above.