

parent/legal guardian of the child named in this form.

"The Stepping stone into your child's future!"

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Medication Type:			
Prescription	_Non Prescription	Topical Ointment	
I have read the MEDICATIO	N POLICY located in the	Parent Handbook and I hereb	y authorize
Stepping Stone University F	reschool's agents/teach	ners to administer the followin	ng medication
to my child:			
Child's Name		Date	
I hereby acknowledge Stepp	ping Stone University Pr	reschool only administers EMI	ERGENCY
ACTION MEDICATIONS suc	h as: PRESCRIBED EPI	PEN-EPIPEN JR, INHALER,	
ANTIHISTAMINE, NEBULI	ZER AND will re-apply ?	TOPICAL SUNSCREEN/ OINTM	IENTS as
specified in the parent hand	lbook. All other medicat	tions will need to be administe	ered by the

- **-Prescription Medications:** Must have a current pharmacist's label that indicates the child's full name, dosage, current date, times to be administered, and the name and telephone number of the physician.
- -Non-Prescription Children's Medications: must have written authorization from the parent/guardian and written authorization from the child's medical provider if required to continue use beyond three (3) consecutive days.
- -Non- Prescription Children's Topical Ointment (listed below): Can be applied with authorization from the parent/guardian according to the manufacturer's instructions for a period not to exceed one (1) year. Written authorization from the child's medical provider is required to continue use beyond the three (3) consecutive days or if the child's condition worsens.
- -As Needed Children's Medications: Require written authorization from the child's medical provider for a period not to exceed six (6) months. Authorization must list the reason, dosage, start date, and end date.
- -Medications for Chronic Illness: Require a written order from the child's medical provider for a period not to exceed one (1) year. (See Prescription and Non-Prescription medication above for details.
- *All items above must be in the original container, clearly labeled, non expired and labeled with the child's name and specific instructions. Medication must have proper spoon/device to administer the medication as provided.
- *All medications and topical ointments/ items must be supplied by the parent. As per the Parent Handbook you also acknowledge it is the responsibility of the parents to apply sunscreen on your child before school. We will re-apply if needed as per authorization and instructions listed in this form.





SIEPPING STONE UNIVERSITY PRESCHOOL,

"The Stepping stone into your child's future!"

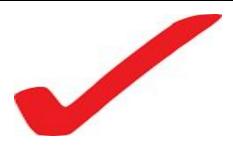
Medication:		
Administration Route:		
Reason for Medication:		
Medication Storage:		
Side Effects:		
Dosage:		
Times of Administration:		
Start Date:	End Date:	
Physician's Name:		
Physicians Phone Number:		
COPY OF SIGNED PHYSICIAN ORDER MU	IST BE ATTACHED.	
Stepping Stone University Preschool will a accordance with the directions of use liste		arations listed below in
Specify the brand, frequency, and duration	n of use for each item below.	
Babywipes		
Dintment(diaper cream, lotion etc.)		
Baby Powder		
Sunscreen		
nsect Repellent		
Other		
give permission to applylisted in this form (SSUP), agents and teachers from any liab		
(Parent Sign)	(Print Name)	(Date)
(Parent Sign)	(Print Name)	(Date)





"The Stepping stone into your child's future!"

SIX RIGHTS OF MEDICATION



- 1. <u>Verification that the *right* child</u> receives
 - 2. The *right* medication
 - 3. In the *right* dose
 - 4. At the right time
 - 5. By the *right* method
- 6. And the *right* documentation is completed

