

**Little Hands Children's Learning Centre Inc.**

#1: 824 Thompson Road (OCB), Milton ON, L9T 9H2.

Tel: 905-864-6635 ext. 1

#2: 824 Thompson Road (CYC), Milton ON, L9T 9H2.

Tel: 905-864-6635 ext. 2

**MEDICATION AUTHORIZATION FORM**

**\*\*This form is to be completed by the parent of a child who is requesting that a drug or medication be administered during the hours that the child receives care.**

Child's Full Name: \_\_\_\_\_ Child's Date of Birth **\*\*dd/mm/yyyy\*\***: \_\_\_\_\_

Name of Drug or Medication <b>**as per the original container label**</b>	Date of Purchase or Date Dispensed: <b>**dd/mm/yyyy**</b>	Expiry Date: <b>**dd/mm/yyyy**</b>	Date Medication to start being given by Little Hands staff <b>**dd/mm/yyyy**</b>	Last day Little Hands staff to administer: <b>**dd/mm/yyyy**</b>

**Medication Authorization Schedule:**

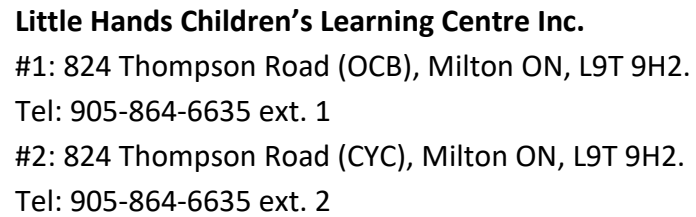
Time(s) of Administration OR what symptoms need to be observed in order to administer (for those who have action plans only):	Amount/Dosage:	Drug or Medication Storage Requirements:	Possible Side Effects:	Stop the medication if the following reaction(s) observed:

**Parent/Guardian Authorization Statement:**

I hereby authorize the administration of the above named to \_\_\_\_\_ (child's name) by Little Hands Children's Learning Centre Inc. following the procedures I have provided on this form. I understand that expired drugs/medications will not be administered to my child at any time in accordance with the Little Hands Children's Learning Centre Inc.'s Medication Policy. I understand that staff at Little Hands Children's Learning Centre Inc. are not medically trained to administer drugs and medications.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LITTLE HANDS RECORDS ONLY:** Staff accepting Medication Authorization Form: \_\_\_\_\_ Date Accepted: \_\_\_\_\_



**\*\*This form is to be completed by the RECE/staff who is administering the medication on this form.**

Name of Medication: \_\_\_\_\_

Required Dosage: \_\_\_\_\_

[illegible]