LUMEN CHRISTIAN ACADEMY

Medication Authorization

Prescription and physician-recommended medication – to be completed by a parent or legal guardian

Medication will NOT be given to any child unless it is prescribed or recommended by a licensed health care provider (physician, dentist, nurse practitioner, etc.).

The first dose of a medication each day must be given by the PARENT.

Child's Name: _____ **Date of Birth:** _____

Medication Name: _____ **Expiration Date:** _____

Date Brought to Center: _____

Physician's Name: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

How Often / What Times: _____

Dosage: _____ **Method:** _____ **Time Given:** _____

Specific instructions (if "as needed," explain clearly when the medication should be given):

Relevant Side Effects: _____

Storage Directions: _____

Disposal (check one): ☐ Send home ☐ Destroy and dispose of in appropriate container

Please note: Attach a written statement of the desired effects, side effects, and specific instructions, along with any written instructions from the physician. Medication must be brought to the center by a parent or legal guardian and kept in its original container. "As needed" medications must include a clear written explanation of when to give them.

By signing below, I request that the medication above be given to my child as directed, and I confirm that I have given my child at least one dose of this medication without adverse side effects.

Parent / Guardian Signature _____ Printed Name _____ Date _____

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Medication Administration Record (MAR)

Staff use – record every dose given

Child's Name: _____

Pharmacy: _____ **Prescription #:** _____

Before giving any medication, confirm:

- ☐ Authorization form is complete
- ☐ Medication is in its original container
- ☐ Medication is properly labeled
- ☐ Date on the label is current

The first dose each day must be given by the parent or legal guardian.

Date	Time	Remarks	Dosage	Signature of person giving / observing