Missouri Department of Health and Senior Services Bureau of Child Care

MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT
Prescription medication shall be in the original container and labeled with the child's name, instructions, including times and amounts for dosages and the physician's name. All non-prescription medication shall be in the original container and labeled by the parent(s) with the child's name and instructions for administration, including times and amounts for dosages.
*Spectrum Station prefers to administer medication at noon (12:00) only where possible. *Spectrum Station cannot use force of any kind to administer medication. If a child refuses to take any medicine, the parent will be notified. *Any invasive medication such as ear drops or nose drops may be administered only if the child is cooperative. Other invasive medications such as suppositories, cannot be administered. *Medication distribution must list **EXACT TIME**. Medicine cannot be given "as needed". *A new Medication Form must be completed at the beginning of the week.

I authorization Spectrum Station to administer the following medication to my child:	
Name of medication:	
Child's name:	Date medication taken **FROM:** **TO:**
Dosage:	Time to be given:
Signature of parent or guardian:	Date:

RECORD OF ADMINISTRATION OF MEDICATION				
STAFF MEMBER'S NAME	DATE	MEDICATION NAME	DOSAGE	TIME GIVEN