

Four Seasons Daycare

Long-Term Medication Authorization Form

Before accepting medication, Four Seasons Management must check for the following...

- Medication was prescribed by a doctor
- Medication is in its original container
- Medication is labeled with the child's name
- Label contains medication name, dosage and number of times to be administered
- Medication has not expired
- Medication authorization has been signed
- Authorization is for no longer than 1 year
- Prescription label matches doctor's instructions
- If prescription states "as needed", the physician has noted specific symptoms that need to be met in order for Four Seasons to administer the medication

To be completed by the physician

All information below must match medication's prescription label. One authorization form per medication.

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

Description of Condition requiring medication: _____

Medication Name: _____

Dosage Amount: _____ **Times to be given:** _____

Authorization Effective Until: _____

I certify, that in my opinion, it is medically necessary that the medication described above be administered to the named child during center hours. I am aware that this medication will be administered by the childcare center's staff who possess only limited medication administration training.

Physician's Signature: _____ **Date:** _____

To be completed by the parent

I authorize Four Seasons Daycare to administer the aforementioned medication in accordance with our physician's instructions to my child. I understand that this medication will be administered by a staff member at Four Seasons Daycare, and that staff members at Four Seasons are not medically trained personnel, but only have the limited training required by VDSS. I understand that it is my responsibility to furnish said medication in its original container, and I will work with center staff to ensure there is an adequate supply at all times.

Parent's Signature: _____ **Date:** _____