Four Seasons Daycare

Short-Term Medication Authorization Form and Log

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 10 days or a long-term form has been signed

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

Medication Name: _____

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

Authorization Effective Until: _____

I authorize Four Seasons Daycare to administer the aforementioned medication per my instructions to my child. I understand that this medication will be administered by a staff member at Four Seasons Daycare, and that staff members are not medically trained personnel, but only have the limited training required by VDSS.

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

Date	Time	Medication	Dosage	Reactions/Errors	Initials